

EAST SUSSEX COUNTY COUNCIL



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE
YEAR 1967

J. A. G. WATSON
M.B.,B.S., D.P.H.

*County Medical Officer of Health and
Principal School Medical Officer*

EAST SUSSEX COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

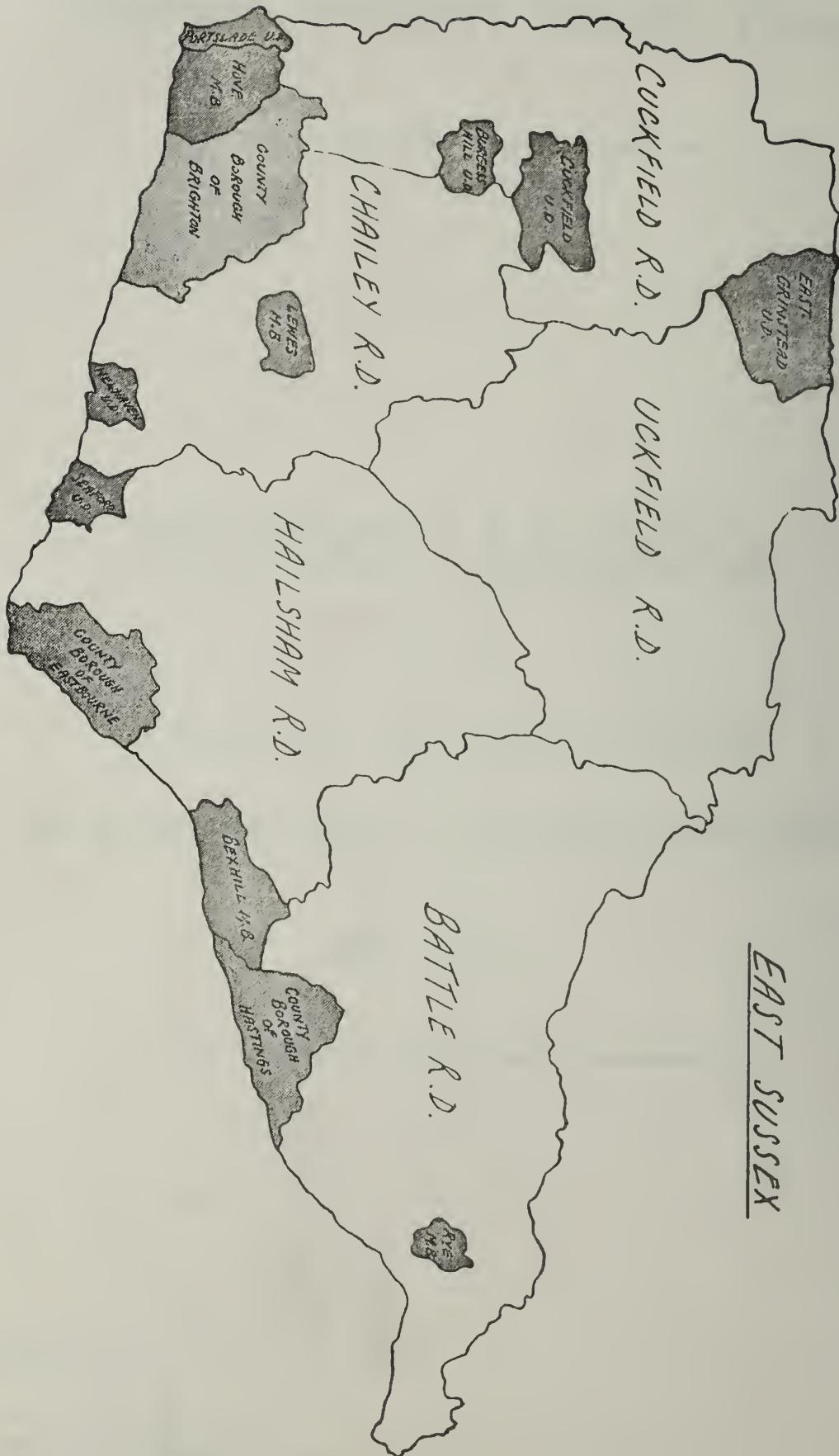
FOR THE

YEAR 1967

J. A. G. WATSON
M.B.,B.S.,D.P.H.

*County Medical Officer of Health and
Principal School Medical Officer*

EAST SUSSEX



Report of the Medical Officer of Health and Principal School
Medical Officer for the Year 1967

S E C T I O N S

<u>Section</u>		<u>Page</u>
I	General Health Services (except Borough of Hove and Portslade Urban District)	9
II	School Health Service (including Borough of Hove and Portslade Urban District)	49
III	County Dental Service (including Borough of Hove and Portslade Urban District)	78
IV	General Health Services. Borough of Hove and Portslade Urban District	85

Section I

C O N T E N T S

Preface	3
Members of Committee	6
Senior Staff	6
General Statistics	10
Sanitary Circumstances	12
Inspection & Supervision of Milk and other Foods	13
Infectious Diseases	16

Local Health Services under the National Health
Service Act 1946

Section 21 Health Centres	17
" 22 Care of Mothers and Young Children ..	17
" 23)	
" 24)Midwifery, Health Visiting & Home Nursing	20
" 25)	
" 26 Vaccination and Immunisation	24
" 27 Ambulance Service	26
" 28 Prevention of Illness, Care and After- Care (excluding Mental Health) ..	28

		<u>Page</u>
Section 29 Home Help Service		40
Mental Health Service..		33
Medical Examination		42
Registration of Nursing Homes and Nursing Agencies		43
Registration of Nurseries and Child Minders ..		43
 <u>Statistics</u>		
Table 1	Live Births, Stillbirths and Deaths	44
Table 11	Deaths at Different Periods of Life	45
Table 111 (a) & (b)	Causes of, and Ages at Death	46 & 47
Table 1V	Notifiable Diseases ..	48

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present the seventy-third Annual Report on the Health of the Administrative County of East Sussex.

1967 has been a year in which progress has been made - even if it has seemed slow at times. It is to be hoped that the economic problems being faced in 1968 will not check this progress too dramatically.

Team working by Local Health Authority nursing staffs under the clinical leadership of general medical practitioners has continued to develop in the county during the past year. This enables the Community Medical team to adopt a more positive approach to the problem of helping people to keep healthy. Where these teams can work from premises giving the facilities available in a Health Centre they should be able to use their resources most effectively.

One way in which the Community Medical Team can help to maintain the health of their patients is by health checks for vulnerable groups - hence our trial of a scheme for the routine supervision of the health of elderly persons. The initial trial produced some very interesting results, showing that this is a practicable proposition and that such a scheme is needed. The results of the next phase in the development of this are awaited with interest. It may well be that the Health Visitor should do similar systematic screening work with other groups of persons on the practice list.

One group of vulnerable persons is the handicapped. It is very easy for such persons to be lost sight of and not to receive the full benefit of facilities or services until they are in trouble. An index of handicapped persons has been established using the computer to ensure that this does not happen.

There is no doubt that the gradual reduction in family size over the years has had a tremendously beneficial effect on the health of many. It is also undoubted that the fear of an unwanted pregnancy, a pregnancy when the mother is not in good health, or an additional child in a family which is already straining the resources of the parents are still factors causing much ill health. The extension of the family planning facilities which has been taking place over the past year is, therefore, to be welcomed.

It is not possible to omit reference to the Mental Health Services. These continue to develop in a dramatic way. The work in both the Adult Training Centres and in the schools for the mentally handicapped have increasingly demonstrated how grossly we have underestimated the abilities of the mentally handicapped to learn, to work and to take their place in the community. The community has been the loser by its policy of putting them out of sight and mind and has caused them great harm. The development of the Rehabilitation Unit for persons who have suffered a mental illness is an equally exciting one, for what has been said about the subnormal also applies to the mentally ill.

Last year I made reference to the pre-school medical examination of 4½ - 5 year olds in the Child Health Clinics instead of an initial medical examination in school during the first year of schooling. The pilot study carried out in Seaford appears to have been very successful. Dr. Parker was able to carry out a more complete and less hurried examination under better conditions than prevail in school. This was followed up by consultations with the school staff during the child's first term.

It is with great regret that I have to record the death of Mr. C.H.E. Bath who had been the County Organiser of the Hospital Car Service since 1948. His contribution was immeasurable and had continued with unflagging enthusiasm through all the difficulties which are inseparable from the direction of any service which employs hundreds of voluntary workers and serves in the course of time countless thousands of patients. It was a measure of Mr. Bath's outstanding personal qualities that he inspired throughout the service a deep sense of personal commitment. As a direct result the Hospital Car Service in this area enjoyed a high reputation.

There can be no simpler indication of the size and complexity of Mr. Bath's work for the health services in this area than to remark that hospital cars during his last year carried almost a quarter of a million patients some two million miles.

Each year I complete my introductory letter by expressing my appreciation of the work of my deputy, Dr. R.G. Brims Young and all the staff of the department. This is not a formality on my part and I would take the opportunity of once again expressing my appreciation of their hard work and loyal support.

Similarly I would like once more to thank the Members of the County Council for their continued kindness and support.

I have the honour to be,

Your obedient servant,

J.A.G. WATSON.

County Medical Officer of Health.

Health Department,
County Hall,
LEWES,
Sussex.

May, 1968.

MEMBERS OF THE HEALTH AND HOUSING COMMITTEE

(as at 31st December, 1967)

(a) Members of the County Council:-

Miss M. Blount, M.B.E. (Chairman)	Miss E.A. Kennedy
Miss C.C. Bolding	Mr. R. Mitchell
Brigadier Sir Edward Roy Caffyn, K.B.E., C.B., D.L. (Vice-Chairman of the County Council)	Mr. T.H.B. Mynors
Major R.W. Corkling	Major H.A. Neal
The Hon. Daphne Courthope, O.B.E. (Chairman of the County Council)	Mrs. K.M.N. Pither
Mrs. M. Edmondson	Col. G.R. Pouncey
Brigadier H.P. Gardham, C.B.E. (Chairman of Finance Committee)	Mr. R.B. Powell (Vice-Chairman)
Mr. L.A. Hammond	Mr. H. Riley
Mr. Claude Hershman, M.C.	Brigadier L.M. Scott
	Lt. Col. E.M. Sheehan
	Miss O.M. Vaughan

(b) Other members:-

Mrs. E. Boyden	Dr. J.A. Smart
Mr. L. Burtenshaw	
Mrs. E.F. Cave	
Mrs. J.N. Kleinwort, M.B.E.	
Dr. E.G. Sibley	

STAFF OF THE COUNTY HEALTH DEPARTMENT AND SCHOOL HEALTH SERVICE

AS AT 31st DECEMBER 1967

County Medical Officer of Health and J.A.G. Watson, M.B.,
Principal School Medical Officer B.S., D.P.H.

Deputy County Medical Officer of R.G. Brims Young, M.B.,
Health and Deputy Principal School Ch.B., D.P.H.
Medical Officer

Senior Medical Officers:-

Nursing and Aftercare

Mary M. Boyd, M.Sc., Ph.D.,
M.B., Ch.B. (Hons), M.R.C.P.
(Edin.) D.P.H., D.Obst.R.C.O.G.,
D.C.H.

School Health

P.A. Shave, M.B., B.S.,
D.P.H., D.T.M. & H.

Senior Assistant Medical Officer

Janet F. Waugh, M.B., B.S.

Assistant Medical Officers and School Medical Officers:-

Anne P. Barnes, M.R.C.S., L.R.C.P.
J.K. Butterfield, T.D., L.M.S.S.A., D.P.H.
L.A. Collins, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M., D.P.H.
Evelyn B. Kilsby, L.R.C.P., M.R.C.S.
Margaret B. Parker, M.B., Ch.B., D.P.H.
J. Petrie, T.D., M.B., Ch.B., D.P.H.
D.M. Richardson, M.R.C.S., L.R.C.P., D.P.H., D.I.H.
M.I. Silverton, O.B.E., T.D., M.R.C.S., L.R.C.P., D.P.H.
Sheila M. Thwaites, M.B., B.S., D.Obst. R.C.O.G.

Sixteen General Practitioners are employed at Infant Welfare Clinics on a sessional basis.

NURSING AND AFTERCARE

Superintendent Nursing Officer

Miss M.H. McLeod, S.R.N.,
S.C.M., H.V.Cert., Q.N.,
Dip.Soc.St.(Lond.)

Deputy Superintendent Nursing Officer

Miss E.M. Hollands, S.R.N.,
S.C.M., H.V.Cert., Q.N., M.T.D.

Assistant Superintendent Nursing Officers

Miss H.M. Brown, S.R.N., S.C.M.,
H.V.Cert., Q.N.

Miss A.A. Leckie, S.R.N.,
S.C.M., H.V.Cert., Q.N.

Miss Y.H.D. Nulty, S.R.N.,
S.C.M., H.V.Cert., Q.N., M.T.D.

Miss G.M. Williams, S.R.N.,
S.C.M., H.V.Cert., Q.N.

Midwifery Tutor

Miss M.J. Lilley, S.R.N.,
S.C.M., H.V.Cert., Q.N.

CHILD GUIDANCE SERVICE

Psychiatrists (Part-time)

H.V.W. Elwell, M.A., M.R.C.S.,
L.R.C.P., D.P.M.

Josephine M. Lomax-Simpson,
M.B., Ch.B., D.P.M.

K.R. Masani, M.R.C.S.,
L.R.C.P., D.P.M.

J. Ross, B.Sc., M.B., Ch.B.,
D.P.M.

J.N. Runes, M.D.

Miss Hedda Kevend, B.A.,

A.A.P.S.W.

Child Psychotherapist

Educational Psychologists

R.D. Gold, B.Sc.
H.W.A. Karle, B.A. (Psychology)
R. McConville, B.A. (Psychology)
P. Ransome, B.A. (Psychology)
N.W. Wilkinson, M.A., B.Ed.

Social Workers

Mrs. F.E. Harris, B.A. (Hons)
Mrs. J.M. Meredith, Dip.Soc.
St.(Lond)
Mrs. I.C. Pember, B.A. (Oxon)
Mrs. M.M. Stuart-Menteth,
A.A.P.S.W.

Audiometer Technician

Miss H.E. Hannay

**Consultant Speech Therapist
Full Time Speech Therapists**

Mrs. S. Hudson-Smith, F.G.S.T.
Miss D.M. Dolan, L.C.S.T.
Mrs. M.E. Pruden, L.C.S.T.
Miss B.J. Bentley, L.C.S.T. (Hove)

HEALTH SERVICES

Chief Mental Welfare Officer
County Health Inspector
County Ambulance Officer
Home Help Organiser
Medical Social Worker

M.G.W. Ternouth
T.F. Ayrton, M.R.S.H.,M.A.P.H.I.
J.W. Limb
Miss M.H. MacLaine
Miss M.L. Shaw, B.A., A.M.I.A.

GENERAL ADMINISTRATION

Chief Administrative Assistant
Chief Clerk
Senior Clerks:-
 Nursing and Aftercare
 School Health
 Mental Health
 General

T. Ryder, D.P.A. (Lond).,A.C.C.S.
G.M.G. Futter

Mrs. S. Riley.
D.J. Hempstock, D.M.A.
C.V. Richardson.
C. Jackson, D.M.A.

SECTION I

G E N E R A L H E A L T H S E R V I C E S

(except Borough of Hove and Portslade Urban District)

GENERAL STATISTICS

The figures given below for Births and Deaths include those for Hove and Portslade so that a comparison with last year can be made. The Hove and Portslade figures are given separately in Section IV of this Report and, as with the figures for the various County Districts, are summarized in Tables I, II, III (a) and (b) annexed to this section of the Report.

VITAL STATISTICS

(a) <u>General Statistics</u>	<u>1966</u>	<u>1967</u>
Area in statute acres (land and inland water)	494,583	494,583
Population (estimated mid-year) - Total	414,980	421,990
Rateable Value for whole county (estimated 1st April)	£20,369,988	£21,158,691
Product of penny rate for whole county (1966/67 and 1967/68)	£82,332	£85,775

(b) Extracts from vital statistics for the year

Births

Live Births	Male	2,936	2,959
	Female	2,742	2,744
		-----	-----
		5,678	5,703
Live Birth Rate per 1000 estimated population (national averages 17.7 and 17.2 respectively)		13.68	13.51
Still births		71	66
Stillbirth rate per 1000 total live and stillbirths (National Averages 15.4 and 14.8 respectively).		12.36	11.44
Total births (live and still)		5,749	5,769
Infant deaths		79	81
Infant mortality rate per 1000 live births (National Averages 19.0 and 18.3 respectively)		13.91	14.20
Infant mortality rate per 1000 live legitimate births		13.43	13.36

Infant mortality rate per 1000 live illegitimate births	19.18	21.65
Neo-natal mortality rate (first four weeks) per 1000 live births	9.86	10.35
Early neo-natal mortality rate (deaths under 1 week per 1000 total live births)	8.62	9.47
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1000 total live and still births)	20.87	20.80
Illegitimate births (live and still)	473	465
Illegitimate births per cent of total live births	8.33	8.11
Maternal deaths (including abortion)	3	1
Maternal mortality rate (rate per 1000 total live and stillbirths)	.52	.17

Deaths

Death rate per 1000 population	15.72	15.13
Total number of deaths	6,523	6,385

SANITARY CIRCUMSTANCES

Rural Water Supplies & Sewerage Acts, 1944-65

Proposals submitted by district authorities for the extension of sewerage and water services, and the progress of former schemes are set out in the following paragraphs:-

Battle Rural District

Schemes for sewerage and sewage disposal for the Westfield Village Area and for a water main extension, South Lane, Dallington to Ponts Green, were submitted.

During the year, the scheme of sewerage for Etchingham and Hurst Green made good progress and the extension of the Flimwell Village system was completed.

Two schemes for Westfield, Guestling and Pett were not started in 1967.

Water extensions to serve the following localities were completed:-

Hayes Lane, Beckley and Starvecrow Lane, Peasmash.

Maxfield Lane, Three Oaks, Guestling.

Military Road, Playden.

South Lane, Dallington to Ponts Green.

Wheel Lane, Westfield.

Chailey Rural District

Proposals for the sewerage of Barcombe/Mount Pleasant and Newmarket/Littledown were submitted but no start was made on these or four other schemes of sewerage for; Falmer, Norton, South Chailey and Wivelsfield during the year.

Cuckfield Rural District

The Scheme of sewerage and sewage disposal for Ansty Village was completed and there are no outstanding schemes for "first-time" provisions of essential services in this area.

Hailsham Rural District

Proposals for sewerage and water supply for Jevington Village were submitted and a water extension to Flitterbrook Lane, Warbleton was completed.

The Jevington sewerage and four outstanding schemes for Hailsham (Southern Area), Hailsham (Northern Area), Hooe/Ninfield area and Lunsford Cross were not started during 1967.

Uckfield Rural District

The sewerage scheme for Isfield Village was nearing completion by the year end but three former schemes for Blackham; Danehill/Chelwood Gate and Framfield treatment works are still in abeyance.

The continuing economic restrictions have again limited Councils' efforts to provide for unsewered localities and with the administrative county area substantially covered by main water services it is regrettable that 1967 has seen the completion of only one village drainage system, only two schemes in progress and some sixteen schemes still in abeyance.

Due to ever increasing development all authorities have been committed to considerable expenditure on enlargement or replacement of existing treatment works for the more populated centres whilst other localities still await "first-time" provision by schemes which in some cases have been deferred for up to 10 years.

Unless circumstances permit some of these outstanding schemes to go ahead in the near future costs may well become prohibitive.

Food and Drugs Act and Milk and Dairies Regulations

Milk (Special Designation) Regulations 1963-65

Pasteurisers' Licences

On the 1st January 1967, three pasteurisers using High Temperature Short Time plants were operating under licences issued by the County Council and on the 6th January an additional licence was granted in respect of a Holder Type plant on the farm premises of a producer-retailer. Supervision of the arrangements for processing, storage and distribution has been continued and during the year 337 samples of milk were submitted to prescribed tests. All samples passed the methylene blue (keeping quality) test but two samples from separate dairies failed the phosphatase (heat treatment) test. These failures were attributed to miscalculation of holding time by a new operator and defective operation of a flow diversion valve.

Examination of Bottles

In order to determine the efficiency of the methods adopted in the cleansing of milk bottles at these establishments twenty-

-two sample groups of bottles were submitted for examination.

Twenty-one samples reached the standard recommended by the Public Health Laboratory Service and two sets of bottles from the other sample, from one dairy, were classified as "unsatisfactory". These results were due to a defective valve on a water softening plant and failure to maintain the sterilising agent at the correct strength. After correction repeat samples were satisfactory.

Milk Dealers' Licences

The use of the special designations (Pasteurised, Sterilised, Untreated and Ultra Heat Treated Milk) in relation to all retail sales of milk, is obligatory throughout the administrative county and the responsibility for granting licences for this purpose rests with Food and Drugs Authorities.

At the beginning of January, 411 licences were in operation and during the year 71 licences were issued in respect of new dealers, changes of ownership etc., and 10 licences were cancelled where milk business had ceased. At the year end 436 licences were in operation.

Routine inspection of dealers' premises and the arrangements for handling, storage and distribution of the milk have been continued and the results of tests on samples of milk taken from dealers' premises, vehicles and vending machines etc , are set out in the following table:-

Class of Milk	No. of Samples	Prescribed Tests	
		Passed	Failed
Pasteurised	755	749	6
Untreated	97	78	19
Sterilised	13	13	-
Totals:	865	840	25

The 25 unsatisfactory samples all failed the Methylene Blue (keeping quality) test. The six pasteurised milks were from three sources of supply and were attributed to failure to turn over stocks in proper rotation in shop premises. The 19 Untreated Milk samples involved four farm supplies. In two cases the failures were attributed to holding stocks in retail shops and the other two cases which had given repeated failures were referred to the Ministry of Agriculture Fisheries and Food for investigations of production methods. In one case it was found that a mechanical milking system was not being properly sterilised and in the other case the producer ceased distributing milk.

Milk in Schools Scheme

All the schools participating in the scheme receive pasteurised milk as recommended, with the exception of one private school which obtains untreated milk from its own dairy herd.

Supervision and sampling of the supplies have been continued and the arrangements are considered to be satisfactory.

Biological Examination of Milk

Routine sampling of untreated milk supplies for biological examination is undertaken by the Health Department staffs of the county district authorities in whose areas the farm sources are located. During the year a total of 346 samples were taken, covering 53 sources. These were all reported to be free from tubercle infection and Brucella Abortus was found in only one case.

INFECTIOUS DISEASES

The notifications of infectious diseases rose again in 1967 to 6,885 compared with 2,213 in 1966. This was again due to a sharp increase in the cases of measles which amounted to 6,378 as against 1,763 the previous year. There were 122 cases of scarlet fever and 107 cases of whooping cough compared with 127 and 91 respectively last year. Pneumonia cases numbered only 25 compared with 33 in 1966 and there were 44 cases of food poisoning as against 26 the previous year. Dysentery cases rose to 94 from 36 in 1966. There were 4 cases of acute encephalitis but again no cases of poliomyelitis. There was one case of typhoid fever and infective hepatitis notifications dropped to 13 from 20 the previous year.

New cases of pulmonary tuberculosis decreased to 46 from 55 last year. The following table gives the age and distribution of new cases:-

	Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis	
	Male	Female	Male	Female
Under 5	1	-	-	-
5 - 14 years	-	1	-	1
15 - 24 years	2	4	-	1
25 - 34 years	4	1	1	1
35 - 44 years	4	3	-	1
45 - 54 years	4	3	1	-
55 - 64 years	4	6	2	-
65 upwards	6	3	-	1
	25	21	4	5
	46		9	

At the end of the year there were 2,657 notified cases of tuberculosis on the Register (2,394 pulmonary and 263 non-pulmonary) as compared with 2,411 (2,160 pulmonary and 251 non-pulmonary) in 1966.

Deaths were as follows:

<u>Pulmonary Tuberculosis</u>	<u>Deaths</u>
Urban Districts	7
Rural Districts	10

Other Forms

Urban Districts	-
Rural Districts	1

In 1967 there were two deaths of patients where the secondary cause of death was said to be tuberculosis.

NATIONAL HEALTH SERVICE ACTS

Health Centres - (Section 21)

The Authority's policy concerning the provision of Health Centres continues. Preliminary discussions have taken place for Health Centres proposed at Crawley Down, Hurstpierpoint, Newick Green, Newhaven, Lewes and Battle. Work will commence on the County's first Health Centre in Hailsham early in the new year.

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22) (excluding the Hove and Portslade areas)

Clinic Buildings

Minor works in maintaining the County Clinics were carried out during the year as required.

Child Welfare Centres

Seventy-eight centres were in operation at the end of 1967. The total number of children who attended during 1967 was below the figure for 1966 - 11,830 as against 12,302. 3,232 of the children born in 1967 were taken to the clinics during that year, representing about 70% of the total notified live births. This slight drop in attendance figures is accounted for by the fact that since Health Visitor attachment general practitioners are tending to hold their own Child Welfare sessions.

Screening for Congenital Dislocation of Hip

Screening for the detection of congenital dislocation of the hip in the new born infant by Barlow's test is undertaken by midwives or health visitors. Six cases were found during the year.

Congenital Malformations

During 1967 eighty-eight children were notified as having congenital malformations observable at birth, broadly classified as follows:-

- 9 affecting the central nervous system
- 6 affecting the eyes and ears
- 12 affecting the alimentary system
- 7 affecting the heart and great vessels
- 8 affecting the uro-genital system
- 33 affecting the limbs
- 2 with other defects of spine
- 8 affecting other systems
- 3 other malformations

Of the eighty-eight notified, 13 had more than one abnormality, 4 were stillborn and 4 have since died.

As in past years the procedure whereby hospitals notify me of congenital defects apparent at the birth of a child continues to be satisfactory. Hospitals situated in neighbouring authorities co-operate well and all, with but one exception, notify these defects on the birth card. The exception notifies a defect by means of a report received shortly after the receipt of the birth card.

Family Planning Clinics

Facilities for another clinic were made available at Bexhill County Clinic at the beginning of the year, and extra monthly sessions were authorised at East Grinstead and Haywards Heath. During the year the County Council accepted financial responsibility for 688 patients at a cost of £2,408.

The National Health Service (Family Planning) Act, 1967 became law in June. It confers on local health authorities a general power (and, when the Minister of Health directs, imposes a duty) to make arrangements for the giving of advice on contraception, the medical examination of persons seeking such advice and the supply (by prescription or directly) of contraceptive substances and appliances. The Act extends the powers of local

authorities to include any person who needs this on social grounds. No distinction is drawn in the Act between the married and unmarried but care to obtain parental consent when applicable, is stressed.

The local health authority is also empowered to recover certain charges for this service having regard to the means of the recipient

Distribution of Welfare Foods

The sales for 1967 are quoted below, together with the comparable figures for 1966.

	<u>1966</u>	<u>1967</u>
National Dried Milk (tins)	37,724	37,900
Cod liver oil (bottles)	4,397	4,149
Orange Juice (bottles)	89,299	91,690
A & D Tablets (packets)	6,904	6,625

On the 31st December, 1967, there were 104 distributing points; 51 infant welfare centres, 41 retail shops and 12 other premises.

The continuing help given by the W.R.V.S. and other voluntary helpers in this work is much appreciated.

Care of the Unmarried Mother and her Child.

The field workers of the Chichester Diocesan Moral Welfare Association and the Southwark Catholic Children's Society continue to arrange on behalf of the Health Authority for the care, guidance and supervision of the unsupported mother and her child. Annual grants are made by the County Council towards the administrative expenses of the two organisations and in approved cases the Authority meet the net cost of Hostel accommodation provided for the mothers. In 1967 the County Council accepted part financial responsibility for 51 persons, six more than in 1966.

Recuperative holidays were provided for four mothers.

Dental Care reported in detail under Section III.

DOMICILIARY MIDWIFERY, HEALTH VISITING AND
HOME NURSING

(Sections 23, 24 and 25)

The East Sussex County Nursing Association acting as agents for the County Council, provide the domiciliary midwifery, health visiting and home nursing services throughout the county, except in the Borough of Hove and the Urban District of Portslade-by-Sea. The administrative and supervisory work are carried out by the Superintendent Nursing Officer, Miss M.H. McLeod, and her report on the year's work is as follows:-

"At the end of 1967 the nursing staff employed by the East Sussex County Nursing Association was as follows:-

- 59 on generalised duties (midwifery, home nursing, health visiting including geriatric and school nursing).
- 31 on full-time and 4 on part-time combined duties (midwifery and home nursing only).
- 1 full time on health visiting and home nursing.
- 11 on full-time and 22 on part-time home nursing duties only (including auxiliary).
- 34 on full-time health visiting including geriatric and school nursing.
- 4 on part-time health visiting duties.
- 1 on full-time and 9 on part-time clinic duties.
- 1 full-time on tuberculosis health visiting.
- 1 full-time tuberculosis and geriatric health visiting.
- 2 full-time tuberculosis and maternity/child welfare health visiting.

The number of staff engaged on the individual services (with the whole-time equivalent) was as follows:-

	<u>Number</u>	<u>Whole-time equivalent</u>
Midwifery	93	30.43
Home Nursing	125	53.85
Health Visiting	101	47.55
Tuberculosis	4	2.5
School Nursing	110	17.9
Clinic work	10	3.6

There was the equivalent of .67 vacancy at the end of the year.

Deliveries attended by domiciliary midwives during 1967 totalled 992 (53 fewer than in 1966), the number of patients discharged early from hospital was 1139 (an increase of 275 from 1966).

Health Visiting

The following is a summary of the number of cases visited by the health visitors in 1967.

	<u>1966</u>	<u>1967</u>
Total number of children under 5 years visited	21,949	23,005
Persons aged 65 and over	6,958	7,588
Mentally disordered persons	84	153
Persons (excluding maternity cases) discharged from hospitals (other than mental hospitals)	86	132
Number of households visited on account of other infectious disease	41	91

Home Nursing

	<u>1966</u>	<u>1967</u>
Number of persons nursed	8,724	8,479
Number of persons who were under 5 at first visit	270	227
Number of persons who were 65 or over at first visit	5,043	5,320

Staff

Recruitment was at an all time high level at the end of 1967 when there were virtually no vacancies on the County Nursing Association staff. Apart from the constant need to adjust the use of staff in order to successfully involve the part-time service of the married Nursing Sister, and to use to the greatest possible extent the less qualified worker, difficulty in recruiting those qualified to undertake District Nursing/Midwifery/Health Visiting has made unavoidable the use of District Nurse/Midwives and full-time Health Visitors in rural areas.

This difficulty in recruiting has, I think, two separate and unrelated causes. Firstly it is the long term result of the policy of many of those responsible for Health Visitor training that has produced in the newly trained Health Visitor a bias in favour of health visiting as a full-time occupation. There are happily some small but significant signs that there may be some change of heart here.

Secondly the changes in the pattern of the Maternity service result in the movement of the really interested mid-wife into a sphere where she is able to practise fully as a midwife, in many cases to a more urban setting where a sufficient number of deliveries are available to her, or else into Maternity Hospitals or units where an increasing percentage of the deliveries are taking place. The Central Midwives Board report for 1966-67, shows an increase in the number of midwives working in the hospital service of 193 and a decrease of 95 of those midwives working in the domiciliary service.

The provision of a satisfactory and efficient midwifery team to care for those mothers who elect, or because of a shortage of midwifery beds have, to remain at home for their confinements does require urgent consideration. A smaller team of well practised midwives responsible for patients delivered in their own homes and supervising the care of mothers discharged early after delivery in hospital must have a more effective system of communication. A system of Radio Telephonic communication is at present under consideration. One of the difficulties in considering such a system is associated with cost, though it has been shown in other areas that there are economies to be set against this factor. In East Sussex however the weight and type of equipment required to cover the varying heights of terrain involved create further problems.

Training

Health Visitor Training. Scholarships for Health Visitor training continue to be offered to candidates who hope to work in East Sussex following training. In addition to the practical training for our own students practical training has been given to a number of other Health Visitor students. The final three months practical training extending the training from 9 to 12 months is proving reasonably easy to provide and certainly does mean a much better prepared Health Visitor on qualification.

District Nurse Training. A scheme for training and examining District Nurse students within the geographical County of Sussex has been approved by the Minister of Health. Six students have been trained during the current year. East Sussex has been approached by Brighton College of Technology for help with the District Nurse training of their

proposed Community Nurse. We have also been approached by the West Middlesex Hospital/Chiswick Polytechnic Tutor to the integrated course of State Registered Nurse/District Nurse/Health Visitor training for help with the District Nurse training in this scheme.

Part II Midwifery Training. Miss E.E.Paul, Tutor to the Part II School retired in July 1967 after nearly 20 years as Tutor. Miss M.J. Lilley was appointed to succeed Miss Paul and has naturally started with a new look at the Course. Amongst other innovations a brochure setting out particulars of training is being prepared to replace the rather unimpressive typewritten sheet which used to be sent to enquirers.

We continue to welcome a variety of other students into the County for visits of observation and longer periods of experience.

County Post Graduate Course

The County Post Graduate Course was held at the De La Warr Pavilion, Bexhill. Lectures included:- Coronary Heart Disease, Ante Natal Paediatrics, Problems of Adolescence, Detection of and Services for the Deaf, Preventative Aspects of Chest Disease and Drugs and Analgesia in Midwifery.

Maternity Hospitals

Maternity Liaison Committees continue to meet regularly in most of the Maternity Hospitals where our patients are received and prove a very successful way of achieving good co-operation. Greater involvement in the ante natal care of hospital booked mothers by Midwives and Health Visitors has been established in most areas. We continue to undertake the nursing of mothers discharged early from Maternity Hospitals and appreciate the very cordial welcome extended to our Midwives by the Hospital staffs when for any reason the domiciliary Midwife finds herself in the Maternity Department. The encouragement given to the domiciliary Midwife to stay with a patient admitted to Hospital as an emergency is particularly gratifying. The Crawley Hospital scheme still operates, although very few mothers have been admitted under the scheme from East Sussex.

Attachment of Nursing Staff to General Practitioners

Lewes, Haywards Heath, Lindfield and Hailsham areas have had attachment schemes brought into operation during the year. It would seem to be a natural sequence that having almost all the towns in the County area north and west of Lewes and Haywards Heath that we might close what gaps remain in the rural areas. There are however problems in the distance that some attached staff would be travelling and also in the quite fierce devotion of some rural dwellers to their present doctor and nurse.

Time will no doubt see some rationalisation of both the distances and the attitudes involved.

In conclusion our sincere thanks are expressed to Dr. Watson and his medical administrative and clerical staff for their help and support through the year. I look forward to the closer integration which will surely result from our move into the new County Hall.

VACCINATION AND IMMUNISATION (SECTION 26)

Immunisation against Diphtheria, Whooping Cough Tetanus and Poliomyelitis

(The Figures given in the tables below include for those Hove and Portslade)

In 1967 the immunisation and vaccination scheme functioned satisfactorily and for comparison purposes the immunisation work for the past three years is given below:-

<u>PRIMARY COURSES OF IMMUNISATION</u>			<u>REINFORCING INOCULATIONS</u>		
<u>Year</u>	<u>Under 1 year</u>	<u>1 to 4 years</u>	<u>5 to 15 years</u>	<u>1 to 4 years</u>	<u>5 to 15 years</u>
1965	4,601	293	445	3,730	7,523
1966	5,147	246	289	4,142	8,313
1967	5,415	232	322	4,614	8,308

(N.B. Primary courses of immunisation for children in the 5 to 15 years age-group normally omit protection against whooping cough, not then necessary and avoiding any reaction which this antigen may cause among children of school age.)

It is gratifying to note in regard to the above figures that the total of reinforcing inoculations for the 1 to 4 years age-group approximates the number of children due for their 18-21 months triple booster doses.

Smallpox Vaccination

In June 1967 the distribution of smallpox vaccine, previously carried out by the Public Health Laboratory Service, became the responsibility of the Local Health Authority.

The following table shows the number of vaccinations and re-vaccinations carried out under the approved scheme during 1967.

	<u>Under 1 year</u>	<u>1 year</u>	<u>2 to 4 years</u>	<u>5 to 15 years</u>	<u>Total</u>
Primary	237	2,756	1,132	253	4,378
Re-vaccination	1	81	65	637	711

Poliomyelitis Vaccination

During 1967 poliomyelitis vaccination was available free to all up to the age of 40, every expectant mother, almost everyone connected with the medical and dental services and people who had made arrangements to go abroad other than to Europe, Canada or the United States of America.

Total completed primary courses in each of the last three years were:-

<u>Year</u>	<u>Children</u>	<u>Total Fourth Doses</u>
1965	6,509	3,727
1966	6,803	4,954
1967	5,936	5,625

B.C.G. Vaccination Scheme for School Children and Students, 1967

Reported in detail under the School Health Report.
(see page 67).

AMBULANCE SERVICE (Section 27)

During the period under review the ambulance stations operated by the St. John Ambulance Brigade on an agency basis passed to the County Council's control and administration on the 1st April.

The disposition of the vehicles and staff as at the 31st December was as follows:-

<u>MAIN STATION</u>	<u>SUB STATION</u>	<u>OFFICERS</u>	<u>DRIVERS/ ATTENDANTS</u>	<u>VEHICLES</u>
Bexhill		1	10	4
	Battle	1	5	2
	Rye	1	5	2
East Grinstead		1	8	3
	Crowborough	1	4	2
Haywards Heath		1	13	5
Hove		1	22	11
Lewes		1	13	6
	Hailsham	1	7	2
	Heathfield	1	2	1
	Newhaven and Seaford	1	7	3
	Uckfield	1	2	1
	Totals	12	98	42

The parishes of East Sussex adjacent to the Boroughs of Eastbourne and Hastings and Kent County Council continued to be covered by those authorities and all emergency calls along our common boundaries are covered by the nearest ambulance to the scene of the emergency.

The Brighton G.P.O. Telephone area has now been extended to cover Hove and Portslade, and all emergency 999 calls from those areas are received by the Brighton Ambulance Service and re-directed by private line to Hove Ambulance Station.

During the year there has been an increase in staff from 99 to 110 and in the number of vehicles from 42 to 43 to cover increased day hospital work, transport of children and adults to Training Centres and the need for a crew of two to each ambulance.

The Hospital Car Service continues to make an increased contribution to the running of the Ambulance Service. The death, in September, of Mr. C.E.H. Bath, The County Organiser, since 1948 was a great loss to the service. He was a very efficient man, dedicated to the work and his death was felt by all with whom he came in contact. I must pay tribute to his work together with that of his Area Transport Officers and drivers who, during the year, carried a total of 241,332 patients, covering 1,963,844 miles.

During the year 1,068 patients were conveyed by rail. This form of long distance travel is more comfortable for patients and my thanks are offered to the Control Staff of British Rail and to the London Ambulance Service for their invaluable help in our arrangements for rail travel. With the introduction of modern rolling stock, British Railways have intimated that difficulty may arise in the conveyance of stretcher cases by rail, it is hoped that this difficulty will be overcome since authorities will otherwise be faced with the need to carry some stretcher patients greater distances by ambulance than is conducive to the patients' comfort.

It was necessary to make arrangements for the helicopter transport of a patient suffering from a fractured spine from Cuckfield Hospital to a specialised unit at Stoke Mandeville.

The work in connection with the conveyance of children to schools for the mentally handicapped at Portslade, Cuckfield and Eastbourne continues to increase. The new sitting type of ambulance which carries up to fourteen persons has been found most useful for this purpose.

The following table shows the increase in this work over the last three years.

Persons conveyed	Ambulance			Cars		
	1965	1966	1967	1965	1966	1967
Persons conveyed	34,309	30,828	31,996	15,371	17,993	24,233
Miles travelled	119,937	132,408	138,195	202,215	270,221	331,577

The increase in the number of geriatric patients taken to day hospitals at Pembury, Hastings and Brighton has been noticeable.

The total annual figures of patients and mileage continue to fluctuate, due mainly to increased use of hospital out-patient departments, and development undertaken under the Mental Health

Act, 1959 and the following table gives an overall comparison over the last three years.

	Ambulance			Cars	
	1965	1966	1967	1965	1966
Patients Carried	90,907	89,641	97,963	209,347	267,532
Mileage	630,706	639,986	695,152	1,364,245	1,947,265
					1,963,844

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

Loan of Equipment

New equipment was purchased to the value of approximately £216 during the year, including

- 2 Winchester hoists
- 3 Alternating Pressure Pad Units
- 1 Lifting pole and chain
- 1 Baby Relax Chair

Other smaller items included covers for mattresses and pillows, special toilet appliances and extra slings for hoists.

Considerable difficulty has been experienced in the storage and carriage of equipment, but perseverance and patience by those concerned in administering this service has always resulted in a patient receiving the necessary equipment within a short time.

During the year there has been a very close liaison with various hospitals both within the county and outside who contact us regarding nursing equipment for East Sussex patients being discharged home.

Chiropody

Two more chiropody clinics have opened during the year bringing the total number to 73. The number of treatments given during the year amounted to 42,916 for 9,061 patients. In two areas we were informed that the organisations concerned were no longer able to continue their responsibility for the service owing to its increasing expansion and the impossibility of finding a voluntary helper to undertake the necessary accounting. Arrangements were therefore put in hand with a view to running a direct service in these two areas as from the end of the year.

Cervical Cytology Clinics

This service has continued throughout the year though at a slower rate. Regular clinics were therefore abolished mid-year and instead arranged as and when necessary. On average, however, bearing in mind the rural nature of some of the county, it has been possible to hold at least three clinics at all centres each month.

Factories in East Sussex were approached and as a result tests and examinations were carried out on 502 women, although only two clinics were held in the factories themselves. Where the need arose clinics were also arranged in village halls.

Since cytology clinics were first started on 19th October, 1965, 14,246 normal tests had been recorded and 50 abnormal. Apart from this 26 per cent of women attending were referred to their own doctors because of gynaecological abnormalities of one sort or another. Breast abnormalities found amounted to 331, 225 of which were referred to patients doctors during the period October, 1965 to December, 1967.

MEDICAL SOCIAL WORKER'S REPORT.

"THE CHALLENGE OF CHANGE" is the title of the Medical Social Workers' conference this year. This applies to the Medical Social Workers' activities during the past year. She has found fewer patients on the T.B. Register needing help and has been able to widen her field to include patients with lung cancer and other chest diseases. Nearly half her home visits were to patients with lung cancer. Fellow Medical Social Workers from the county and from London hospitals have referred patients requiring skilled social casework, and these she has visited and referred to the appropriate source of help. The Medical Social Worker looks forward to working more closely with Health Visitors in the future.

Geriatric Preventive Health Checks.

A preliminary pilot survey on geriatric preventive health checks has been carried out by nurses in Rye. It must be appreciated that those concerned were a highly selected group in that all were members of an old peoples club and therefore likely to have relatively few medical and social problems.

The results of the survey do confirm the findings elsewhere - that there is a very high incidence of medical and social problems amongst the over 65's although no useful figure can be given for this small and selected group.

The following points are, however, worth noting:-

1. 10/27 have appreciable hearing loss. 4 of these use aids.
2. 7/27 have visual loss
3. 6/27 have loss of mobility in upper limbs
4. 8/27 have loss of mobility in lower limbs
5. 10/27 have oedema of the legs
6. Only 7/27 had haemoglobins of 80% and over and one was as low as 35%
7. Breathlessness was reported by many - 9/27 on the level.

It would not be anticipated that there would be any dramatic findings in a small selected group of this sort. However, the one incident of the woman with a haemoglobin of 35% and symptoms of severe anaemia and urgently requiring treatment but who had not consulted her doctor, would seem to indicate the potential value of a service of this kind.

SPASTICS AND EPILEPTICS.

The number of spastics and epileptics at 31st December, 1967 was 314.

<u>Age Range</u>	<u>Spastics</u>	<u>Epileptics</u>
Under 5 years	12	1
5 - 15 years	48	18
Over 15 years	121	114
	<hr/> <u>181</u> <hr/>	<hr/> <u>133</u> <hr/>

208 of the total of 314 are mentally sub-normal, this being the major handicap.

REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS
(Excluding the Borough of Hove)

TABLE A

	Cataracts	Glaucoma	Retro-lental Fibroplasia	Others	Total
1) Number of cases registered during the year in respect of which para 7 (c) of Form B.D.8. recommends:-	16 + 12	8 + 13	0 + 0	96 + 62	120 + 87
a) No Treatment	5 + 3	1 + 0	0 + 0	43 + 14	49 + 17
b) Treatment	11 + 9	7 + 13	0 + 0	53 + 48	71 + 70
Medical	0 + 1	2 + 5	0 + 0	27 + 15	29 + 21
Surgical	8 + 5	1 + 3	0 + 0	4 + 6	13 + 14
Optical	1 + 0	0 + 0	0 + 0	6 + 8	7 + 8
Ophthalmic Medical Supervision	2 + 3	5 + 8	0 + 0	22 + 27	29 + 38
2) Number of cases at (i) (b) above which on follow-up action have received treatment.	9 + 6	7 + 12	0 + 0	45 + 33	61 + 51
3) Number of cases which have not received treatment.	7 + 6	1 + 1	0 + 0	51 + 29	59 + 36

TABLE A Of the figures set out in the two columns, the first column relates to blind persons and the second to partially sighted.

In the data given (i) (b) represents number of patients for whom treatment is recommended but the same patient may be included under one or more types of treatment.

TABLE B
OPHTHALMIA NEONATORUM

(1) Total number of cases notified during the year	Nil.
(2) Number of cases in which:-	
(a) Vision lost	-
(b) Vision impaired	-
(c) Treatment continuing at end of year	-

MENTAL HEALTH

NATIONAL HEALTH SERVICE ACT, 1946 (SECTION 28)

MENTAL HEALTH ACT, 1959

Development of Mental Health Services

Mental Illness

Certain tables were introduced last year to reflect the changing pattern of the services for patients suffering from mental illness. Table I shows that there is still no great change in the pattern of admissions to psychiatric beds so far as the involvement of Mental Welfare Officers is concerned. Table 6 records a further increase in the numbers of patients receiving social support, and the appointment of two additional Mental Welfare Officers during the year has enabled us to improve standards as well as cope with the increase.

"The Brook" Rehabilitation Centre

The opening of this establishment is an important step forward in the East Sussex scheme. The main objects are:-

- (i) To restore the will to work which will have been damaged by illness and may extend to complete loss of initiative.
- (ii) To teach new skills to people whose abilities have been permanently impaired by their mental illness.

This work is started in hospitals, utilising the industrial therapy units there, and the next stage involves coming to the Rehabilitation Centre from the hospital daily. The patient will then in due course move out of the hospital to a hostel while continuing to attend the Centre. He should be able to progress to outside work while remaining resident at the hostel, and the goal is work and independent residence elsewhere. There will also, of course, be people admitted direct from the community.

There-aptic social clubs and day centres continue to play an important part in the social rehabilitation of persons who have suffered mental illness. A meeting was held during the year to consider an increase in the number of clubs sponsored by the British Red Cross Society and two new clubs were opened, making a total of seven in the County. The club at East Grinstead is still run by a voluntary committee.

So far as day centres are concerned, it is hoped that the two successful pilot schemes provided through the agency of the Red Cross detachments will lead to the establishment of others. These are intended to provide day occupations for patients unfit

for normal full time employment. There is limited piecework at present and a programme of social activities. The Mental Welfare Officers still aim to integrate ex-patients into other organisations and clubs that cater for old interests and stimulate new ones.

Table 1. HOSPITAL ADMISSIONS.

	1950	1955	1960	1965	1967
Certified	127	135	27 ⁺	-	-
Observation	180	299	179 ⁺	-	-
Voluntary & Temporary	41	79	33 ⁺	-	-
Informal	-	-	65	64	53
Section 29	-	-	18	93	56
" 25	-	-	8	63	99
" 26	-	-	9	87	85
Other Sections	-	-	-	2	6
	348*	513*	339	309	299

* Including Hove.

+ 1st January, 1960 to 31st October, 1960.

Mental Subnormality

Broadly speaking, the national proportion of mental subnormal persons is 3.8 per thousand of the population, and the East Sussex ascertainment conforms to this if we include the children of very tender years who are known but not yet included in mental health service statistics. These and private placements account for the difference.

TABLE 2 (Excluding the Borough of Hove)

Year	Popu- lation	Total number	Rate per thousand	Hospital	Rate per thousand	Community Care	Rate per thousand
1962	311,120	1034	3.32	451	1.45	583	1.87
1963	316,470	1056	3.34	455	1.44	601	1.90
1964	326,860	1000	3.06	450	1.38	550	1.68
1965	335,110	1123	3.35	454	1.36	669	1.99
1966	342,380	1153	3.37	460	1.35	693	2.02
1967	349,850	1154	3.30	463	1.32	691	1.98

(a) Schools for the Mentally Handicapped (Junior Training Centres)

TABLE 3
Attendances at 31st December, 1967

	Males	Females	Total
Hillside (Portslade)	33	23	56
Court Meadow (Cuckfield)	33	28	61
Hazel Court (Eastbourne)	16	12	28
Others	4	3	7
	86	66	152

There is still a small waiting list for places in these establishments, largely because hostel provision is not yet adequate. The situation will be eased when a hostel is available in the Portslade area.

Provision is made at the schools for children with severe and often multiple handicaps.

(b) Adult Training

The Mental Health Sub-Committee accepted the suggestion that the time was right to appoint a training officer and Mr. L. Shepherd, the erstwhile Superintendent of Belgrave Training Centre, is first holder of this post, his terms of reference being:-

- A. To ensure the maintenance of a proper standard of training throughout the establishments, having regard to the needs of the individual patient.
- B. Recommending, after consultation with superintendents of centres, the placing of patients in centres and employment.
- C. Considering all requests for new work in the centres.

The "Burnside" Adult Training Centre, Burgess Hill, received its first trainees at the end of October. Both "Burnside" and the Belgrave Training Centre at Portslade-by-Sea have a scheduled total capacity of 120 although for some time past the Belgrave Centre absorbed 15 additional trainees and for most of the year there were 75 young men and women on the books. With the opening of "Burnside" it has been possible to provide for a greater variety of training while several new industrial work projects have been handled at "Burnside", due to the factories on the industrial estate having become aware of our potential.

(c) Work Centres

The erection of the first purpose built work centre at Newhaven started before the end of the year and this, with others throughout the County, will provide sheltered employment with some continued training for persons who cannot successfully compete for normal employment. For most of the year the two experimental work centres at Wadhurst and Maresfield functioned in rented temporary accommodation but when the Burgess Hill Training Centre opened it was found possible to close the Maresfield Centre and transfer most of the patients to Burgess Hill.

Advisory Committee on the Employment of the Mentally Disabled.

This Committee has held regular quarterly meetings since it was set up in April, 1966. A wide variety of matters relating to the employment of the mentally disabled have been discussed and one important feature of the year's work has been the formation of a sub-committee of superintendents of training centres for the mentally subnormal and their psychiatric hospital

counterparts, and much useful discussion and agreement has been reached on costing, apportionment of work available and allocation of industrial work in certain areas for certain establishments.

Guardianship

As shown in the following table, there has been in recent years no considered necessity for extensive use of guardianship although the necessity for use is still likely to remain in a limited number of both new and old cases.

TABLE 4

Numbers under Guardianship at the end of each year.

	Mental Illness	Subnormality
1958	-	117
1960	1	95
1962	6	16
1964	5	6
1966	4	2
1967	5	2

Residential Accommodation

"Albany Court," Bexhill

This Home is for the rehabilitation of mentally ill women. There has been no great change during the year in the organisation of this establishment and 18 have been admitted and 23 discharged; the "specimen bed-sitter" came into use in June. It has been a most useful aid to final rehabilitation before discharge. The patient occupying the room has to cater for herself, and her capacity to achieve independence can be assessed much more easily under these conditions.

"Hillcrest," Portslade

) This Home for 35 elderly mentally infirm women, has been full throughout the year, vacancies being filled immediately from the waiting list.

57 Harebeating Drive, Hailsham

This Home also accommodates elderly mentally infirm patients - 6 men and 29 women. It also has a waiting list and there is only an occasional vacancy.

Hostel, 223 Old Shoreham Road, Portslade

This establishment continues to provide care for 10 mentally subnormal men who are boarded there while receiving training at the Belgrave Training Centre, or who need hostel accommodation in the early days of employment.

Westhill Hostel, Westhill Drive, Burgess Hill

This mixed hostel for 20 subnormal adult persons has not had a full complement during most of the year owing to staff difficulties. It assumed its main function to provide residential accommodation for trainees at the Burgess Hill Adult Training Centre when this opened.

"Tentercroft", Cuckfield "Orchard House", Cuckfield

Each of these Homes continues to provide residential accommodation for 10 children, all of whom attend "Court Meadow." Short-term care cases are received during holiday times, when term time residents return home for the holidays.

Total numbers in residential accommodation

The Authority also accepts financial responsibility for the care of persons suffering from mental disorder who require sheltered residential care in private accommodation as well as in the establishments mentioned above. The number of patients resident in sheltered accommodation at the end of the year are set out below:-

TABLE 5

	Private Accommodation or Voluntary Homes			Local Authority Homes and Hostels		
	Males	Females	Total	Males	Females	Total
Subnormal mentality	16	61	77	27	18	45
Psychopaths	-	-	-	-	-	-
Mental Illness Patients	4	31	35	6	76	82

Staffing

A. Mental Welfare Officers

At the end of the year three out of the four projected area offices for the mental health service had been provided and the only team without a headquarters is that which covers the Hailsham Rural District and the Urban Districts of Newhaven and Seaford. It is hoped that this team will "have a home" fairly early in 1968. The number of Mental Welfare Officers in post at 31st December, 1967, was 21 and their work with patients can be summarised as follows:-

Table 6. COMMUNITY CARE.

		1963	1964	1965	1966	1967
Cases on Register 31st. Dec.	Mental Illness Mental Sub-normality	210 601	263 550	392 669	568 693	719 691
Initial Investigations		304	423	469	550	596
Social Work Visits		7253	8236	10703	12880	13088
Visits to Training Centres and Social Clubs		179	742	1356	1823	1941
Case Conferences		477	613	1009	1490	1642
Miscellaneous visits		849	940	1056	1147	1485

B. Physiotherapy and Speech Therapy (in Training Centres)

At the end of the year both speech therapy and physiotherapy arrangements seemed likely to be complete early in 1968. Final arrangements at that time were being made for complete speech therapy cover.

C. Psychologists

The Authority has made provision for the part-time employment of a clinical psychologist at the adult training centres, and a half-time educational psychologist at the schools.

Projects

Middleton Manor

It is expected that this residential establishment for 30 trainees in agricultural and horticultural work will open towards the end of 1968.

92 Cromwell Road

This hostel for 15 mentally subnormal women opened soon after the end of the year under review. Most of the residents will attend Belgrave Adult Training Centre.

School at Bexhill-on-Sea

This new school for mentally handicapped children is being planned to provide joint user facilities with the County Borough of Hastings.

Work Centres

After the completion of the first purpose built centre at Newhaven, further work centres are to be built at:-

1. BEXHILL	5. BURGESS HILL
2. HAILSHAM	6. EAST GRINSTEAD
3. BATTLE	7. UCKFIELD
4. PORTSLADE	

Home for Children, Portslade.

A site has been found for a hostel related to the needs of "Hillside" School and planning is proceeding.

HOME HELP SERVICE (SECTION 29)

(excluding the Hove and Portslade area)

Although, during the past few years, the service has increased steadily, the year ending 31st December, 1967 has seen the most dramatic increase, not only in the number of cases helped, but in the recruitment of home helps.

This improvement has come about as a direct result of the implementation of the selective employment tax in September, 1966.

The majority of home helps are recruited from women wishing to do part-time work only, and it has been part-time workers in other spheres who have been most affected by this tax. Many who became unemployed soon after September, 1966, became available for work and advantage was quickly taken of this new situation by the Area Specialists, always on the lookout for staff.

Below is a table showing comparative figures for years 1966 and 1967.

Year	Aged	Chronic/T.B.	Mental	Mat.	General	Total
1966	2061	135	41	429	209	2875
1967	2479	184	40	492	195	3390
Inc./Dec.	+418	+49	-1	+63	-14	+515

Total hours worked by home helps

1966	424,932 hours.
1967	490,505 hours.

MATERNITY

It is in this category that the only significant change in the recent trends has emerged. From having decreased steadily in the preceding three years, there was an increase of 63 cases provided with help in 1967. This increase can be accounted for by the fact that midwives generally were asking for and receiving help for more cases, especially when it was known that the supply of helps was easier than it had tended to be in the past.

RECRUITMENT OF AREA SPECIALISTS

As more helps became available, so the case-loads in each area grew to such an extent, that many areas had to be divided and new Area Specialists had to be found to take over the supervision of the "split" area.

Volunteers have been found in sufficient numbers to keep the case-loads in most of the areas within reasonable limits. It is pleasant to be able to report that many of the new volunteers have come from the "young married" group. They are especially welcomed by the elderly who enjoy the company of active young women.

In addition to the 51 Area Visitors (43 in 1966), there are 9 auxiliary helpers attached to those supervising the larger areas such as Lewes, Bexhill and Battle Rural. They help with the written work, "follow-up" visiting, and drive for the few Area Specialists who do not have their own transport.

MEDICAL EXAMINATIONS.

456 medical examinations were carried out in 1967 compared with 473 the previous year and the number of Health Statements scrutinised amounted to 1,571 of which 375 were for canteen workers and 472 for teaching staff. Chest x-rays were arranged for most of the teaching and canteen staff except where the prospective employee produced evidence of a successful x-ray within the previous 12 months.

Medical examinations were carried out as follows:

By whole-time medical officers	148
By part-time medical officers	216
By general practitioners	92

FACTORY MEDICAL EXAMINATIONS

Information supplied to H.M. Chief Inspector of Factories for the year 1967 was:

	<u>Without Conditions</u>	<u>Conditional</u>	<u>Provisional</u>
First examinations	43(M) 36(F)	1(F)	1(M)
Subsequent examinations	35(M) 21(F)	1(F)	-
TOTALS	78(M) 57(F)	2(F)	1(M)

REGISTRATION OF NURSING HOMES

The number of Nursing Homes in the Authority's area (excluding the Borough of Hove) at the end of 1967 rose to 24, one having been closed and four new ones having been opened during the year. The total number of beds available amounted to 409.

NURSING AGENCIES

Only two Nursing Agencies were operating at the end of the year, one having closed down.

NURSERIES AND CHILD MINDERS REGULATION ACT 1948

Applications for registration of Nursery Groups and Child Minders continue to be dealt with at an increased rate and at the end of 1967 there were 87 premises with 2,011 places and 42 Daily Minders with 341 places, the corresponding figures for 1966 being 67 and 22.

ADMINISTRATIVE COUNTY OF EAST SUSSEX
CHIEF VITAL STATISTICS FOR THE YEAR 1967
TABLE I - Live Births, Stillbirths and Deaths

DISTRICT	Area in Statute Acres (Land & In-land water)	Population estimated by Registrar General mid. 1967	LIVE BIRTHS			STILLBIRTHS			DEATHS UNDER 1 YEAR OF AGE		DEATHS UNDER 4 WEEKS OF AGE		DEATH UNDER 1 WEEK OF AGE		DEATHS AT ALL AGES		DEATHS FROM RESPIRATORY T.B.		
			Number	Crude rate per 1000 Pop.	Standardised Rate	Number	Crude rate per 1000 Pop.	Rate per 1000 total births	Number	Rate per 1000 live births	Number	Rate per 1000 live births	Number	Rate per 1000 live births	Number	Crude rate per 1000 Pop.	Standardised Rate	Number	Crude rate per 1000 Pop.
URBAN AREAS																			
Seahill M.B.	7993	32350	250	7.73	12.37	2	0.06	7.93	7	28.00	5	20.00	5	20.00	642	19.85	9.73	-	-
Burgess Hill U.D.	2026	16900	379	22.43	20.86	3	0.18	7.85	8	21.11	6	15.83	5	13.19	150	8.88	10.03	-	-
Cuckfield U.D.	3911	23800	390	16.39	17.87	5	0.21	12.65	8	20.51	4	10.26	4	10.26	360	15.13	10.14	1	.04
E.Grinstead U.D.	6600	17110	302	17.65	17.83	5	0.29	16.28	3	9.93	3	9.93	3	9.93	210	12.27	9.57	-	-
Hove M.B.	3946	72140	799	11.08	15.07	13	0.18	16.01	15	18.77	11	13.77	10	12.52	1460	20.24	10.73	4	.06
Lewes M.B.	1993	14080	218	15.48	17.65	1	0.07	4.56	2	9.17	2	9.17	2	9.17	158	11.22	10.43	-	-
Newhaven U.D.	1772	9470	157	16.58	18.74	-	-	-	3	19.10	3	19.11	3	19.11	118	12.46	8.97	1	.11
Portslade U.D.	1951	18360	341	18.57	18.20	8	0.44	22.92	3	8.80	3	8.80	2	5.87	209	11.38	11.49	1	.05
Rye M.B.	1027	4400	61	13.86	16.35	1	0.23	16.13	1	16.39	1	16.39	1	16.39	63	14.32	11.89	-	-
Seaford U.D.	4274	15000	179	11.93	21.71	2	0.13	11.05	-	-	-	-	-	-	244	16.27	7.81	-	-
TOTALS	35493	223610	3076	13.76	17.06	40	0.18	12.83	50	16.25	38	12.35	35	11.38	3614	16.16	10.02	7	.03
RURAL DISTRICTS																			
Battle	117147	32060	366	11.42	15.07	5	0.16	13.47	2	5.46	2	5.46	2	5.46	507	15.81	9.96	2	.06
Chailey	64183	28290	384	13.57	17.78	6	0.21	15.38	5	13.02	3	7.81	3	7.81	436	15.41	8.32	1	.04
Cuckfield	70996	35950	465	12.93	14.22	1	0.03	2.14	2	4.30	2	4.30	2	4.30	389	10.82	8.44	1	.03
Hailsham	94668	51440	577	11.22	14.59	6	0.12	10.29	9	15.60	6	10.40	5	8.67	822	15.98	9.91	4	.08
Uckfield	112096	50640	821	16.21	19.29	8	0.16	9.65	13	15.83	8	9.74	7	8.53	617	12.18	9.01	2	.04
TOTALS	459090	198380	2627	13.24	16.42	26	0.13	9.80	31	11.80	21	7.99	19	7.23	2771	13.97	9.22	10	.05
WHOLE COUNTY	494583	421990	5703	13.51	16.75	66	0.16	11.44	81	14.20	59	10.35	54	9.47	6385	15.13	9.68	17	.04

* The rate for England and Wales was 17.2 (live births) and 11.2(deaths)

TABLE II
NUMBER OF DEATHS AT DIFFERENT PERIODS OF LIFE IN
THE ADMINISTRATIVE COUNTY DURING THE YEAR 1967

Sex	Urban Districts											Rural Districts												
	All Ages	Under 4 weeks	4 weeks and under 1 year	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75 and over	All Ages	Under 4 weeks	4 weeks and under 1 year	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75 and Over
Males	1554	21	7	2	4	8	10	30	67	269	463	673	1350	8	7	7	6	13	7	17	58	210	426	591
Females	2060	17	5	5	2	3	10	11	64	170	451	1322	1421	13	3	4	4	11	7	14	36	131	320	878
TOTALS	3614	38	12	7	6	11	20	41	131	439	914	1995	2771	21	10	11	10	24	14	31	94	341	746	1469

TABLE III (A)
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1967

CAUSES OF DEATHS	DEATHS IN OR BELONGING TO DISTRICTS, AT SUBJOINED AGES																												TOTALS FOR ADMINISTRATIVE COUNTY						
	BOROUGHS														URBAN DISTRICTS										RURAL DISTRICTS										
	Under 4 weeks	4 weeks and under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	TOTALS	Under 4 weeks	4 weeks and under 1 year	1 and under 5	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	TOTALS	Under 4 weeks	4 weeks and under 1 year	1 and under 5	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	TOTALS				
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
1. Tuberculosis Respiratory	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10	17	
2. Tuberculosis, Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
3. Syphilitic Disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	6	
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
6. Meningococcal Infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
7. Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
9. Other Infective and Parasitic Diseases	-	-	-	-	-	-	-	-	-	-	1	1	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	7
10. Malignant Neoplasm, Stomach	-	-	-	-	-	-	-	-	-	-	1	-	7	16	22	46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	119
11. Malignant Neoplasm, Lung & Bronchus	-	-	-	-	-	-	-	-	-	-	1	3	36	40	31	111	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	324	
12. Malignant Neoplasm, Breast	-	-	-	-	-	-	-	-	-	-	1	-	10	9	17	18	55	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	145	
13. Malignant Neoplasm, Uterus	-	-	-	-	-	-	-	-	-	-	1	1	-	2	5	8	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	40
14. Other Malignant and Lymphatic Neoplasms	-	-	-	-	-	-	-	-	-	-	1	5	12	41	75	96	230	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	648	
15. Leukaemia, A leukaemia	-	-	-	-	-	-	-	-	-	-	1	-	1	1	2	5	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	28
16. Diabetes	-	-	-	-	-	-	-	-	-	-	5	4	5	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	44
17. Vascular Lesions of Nervous System	-	-	-	-	-	-	-	-	-	-	4	18	85	295	402	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1046	
18. Coronary Disease, Angina	-	-	-	-	-	-	-	-	-	-	4	13	58	148	280	503	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1399		
19. Hypertension with Heart Disease	-	-	-	-	-	-	-	-	-	-	5	5	22	32	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	90
20. Other Heart Disease	-	-	-	-	-	-	-	-	-	-	1	-	2	10	34	228	275	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	704	
21. Other Circulatory Disease	-	-	-	-	-	-	-	-	-	-	1	4	5	22	91	123	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	329	
22. Influenza	-	-	-	-	-	-	-	-	-	-	2	2	10	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18
23. Pneumonia	1	1	1	-	-	-	-	-	-	-	3	6	25	72	110	-	2	-	1	-	-	3	5	17	56	84	-	2	2	2	-	-	331		
24. Bronchitis	-	2	-	-	-	-	-	-	-	-	3	9	38	38	90	-	1	-	-	-	-	2	5	21	14	43	-	1	-	-	-	-	225		
25. Other Diseases of Respiratory System	-	-	-	-	-	-	-	-	-	-	1	7	3	11	-	-	-	-	1	1	-	2	1	6	11	121	-	-	-	-	-	-	-	59	
26. Ulcer of Stomach and Duodenum	-	-	-	-	-	-	-	-	-	-	1	3	8	12	-	-	-	-	1	2	5	2	10	-	-	-	-	-	-	-	-	-	-	40	
27. Gastritis, Enteritis and Diarrhoea	-	1	-	-	1	-	-	-	-	-	1	1	2	4	10	-	-	-	-	-	-	1	1	1	3	-	-	-	-	-	-	-	-	18	
28. Nephritis and Nephrosis	-	-	-	-	-	-	-	-	-	-	1	-	2	3	-	-	-	-	-	-	-	1	-	6	7	12	17	37	-	-	-	-	-	19	
29. Hyperplasia of Prostate	-	-	-	-	-	-	-	-	-	-	3	3	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14
30. Pregnancy Childbirth, Abortion	-</																																		

TABLE III (B)

Causes of and ages at death during the year 1967

CAUSES OF DEATH	DEATHS, IN OR BELONGING TO EACH DISTRICT, AT ALL AGES																			TOTAL FOR ADMINISTRATIVE COUNTY
	BOROUGHS					URBAN DISTRICTS									RURAL DISTRICTS					
	Bexhill	Hove	Lewes	Rye	TOTALS	Burgess Hill	Cuckfield	East Grinstead	Newhaven	Portslade-By-Sea	Seaford	TOTALS	Battle	Chailey	Cuckfield	Hailsham	Uckfield	TOTALS		
1. Tuberculosis, Respiratory	-	4	-	-	4	-	1	-	1	-	-	3	2	1	1	4	2	10	17	
2. Tuberculosis, Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
3. Syphilitic Disease	1	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	4	6	
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
6. Meningococcal Infections	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	1	
7. Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
9. Other Infective and Parasitic Diseases	-	2	-	1	3	-	1	1	-	-	2	2	-	-	-	1	1	2	7	
10. Malignant Neoplasm, Stomach	12	29	5	-	46	2	6	5	2	10	3	28	11	5	8	10	11	45	119	
11. Malignant Neoplasm, Lung, Bronchus	25	73	6	7	111	8	11	9	3	11	11	53	38	16	27	51	28	160	324	
12. Malignant Neoplasm, Breast	20	28	5	2	55	3	8	3	4	7	10	35	8	9	9	12	17	55	145	
13. Malignant Neoplasm, Uterus	1	14	2	-	17	1	3	2	2	-	2	10	1	1	-	6	5	13	40	
14. Other Malignant and Lymphatic Neoplasms	77	128	14	11	230	17	37	22	11	19	24	130	35	33	47	95	78	288	648	
15. Leukaemia, Aleukaemia	2	5	1	2	10	-	1	-	-	-	2	3	1	1	3	9	1	15	28	
16. Diabetes	2	12	-	-	14	-	2	1	1	2	-	6	5	5	2	8	6	24	44	
17. Vascular Lesions of Nervous System	146	220	26	10	402	20	54	35	31	23	44	207	90	77	54	120	96	437	1046	
18. Coronary Disease, Angina	160	305	28	10	503	45	75	40	18	52	51	281	130	98	84	191	112	615	1399	
19. Hypertension with Heart Disease	8	22	2	-	32	1	4	1	2	3	-	11	15	5	4	9	14	47	90	
20. Other Heart Disease	54	201	15	5	275	15	36	8	16	17	29	121	47	69	43	80	69	308	704	
21. Other Circulatory Disease	27	82	12	2	123	5	23	12	7	11	18	78	19	19	26	32	34	130	329	
22. Influenza	1	13	-	-	14	-	-	-	3	-	-	3	1	-	-	-	-	1	18	
23. Pneumonia	27	73	10	-	110	8	38	17	3	12	6	84	21	28	17	42	29	137	331	
24. Bronchitis	20	54	11	5	90	3	9	13	2	8	8	43	17	15	17	23	20	92	225	
25. Other Diseases of Respiratory System	2	8	1	-	11	1	2	7	-	1	-	11	7	2	4	14	10	37	59	
26. Ulcer of Stomach and Duodenum	1	11	-	-	12	1	5	2	-	-	2	10	1	6	5	5	1	18	40	
27. Gastritis, Enteritis and Diarrhoea	4	3	2	1	10	-	-	1	1	1	-	3	-	-	1	1	3	5	18	
28. Nephritis and Nephrosis	-	3	-	-	3	-	1	3	1	-	2	7	-	2	-	5	2	9	19	
29. Hyperplasia of Prostate	2	3	-	1	6	-	-	-	-	-	-	-	1	-	1	3	3	8	14	
30. Pregnancy, Childbirth, Abortion	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	1	
31. Congenital Malformations	1	4	-	1	6	1	3	1	2	1	1	9	-	3	4	8	7	22	37	
32. Other Defined and Ill-Defined Diseases	40	97	11	5	153	13	20	23	6	11	26	99	34	26	19	63	41	183	435	
33. Motor Vehicle Accidents	2	11	3	-	16	2	3	2	1	3	-	11	4	7	5	9	7	32	59	
34. All Other Accidents	4	39	3	-	46	3	12	2	2	8	2	29	16	6	5	15	16	58	133	
35. Suicide	3	15	1	-	19	1	5	-	2	5	1	14	2	1	3	4	3	13	46	
36. Homicide and Operations of War	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	
All Causes	642	1460	158	63	2323	150	360	210	118	209	244	1291	507	436	389	822	617	2771	8385	

TABLE IV
CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1967

	Total for Admini- strative County	TOTAL NUMBERS OF NOTIFIABLE DISEASES IN EACH DISTRICT																			
		Boroughs					Urban Districts								Rural Districts						
		Bexhill	Hove	Lewes	Rye	Totals	Burgess Hill	Cuckfield	East Grinstead	Newhaven	Portslade-by-Sea	Seaford	Totals	Battle	Chailley	Cuckfield	Hailsham	Uckfield	Totals		
Scarlet Fever	122	14	15	7	3	39	1	2	7	5	7	22	6	12	3	27	13	61			
Whooping Cough	107	17	37	-	-	54	1	2	-	1	-	8	10	15	5	7	8	45			
Acute Poliomyelitis - Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Acute Poliomyelitis - Non Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Measles	6378	148	807	373	32	1360	164	320	677	126	355	212	1854	438	364	771	694	897	3164		
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Acute Pneumonia	25	2	6	-	-	8	-	-	-	-	-	-	-	-	4	-	7	5	17		
Dysentery	94	-	-	-	-	-	-	8	4	61	-	-	-	-	5	4	4	7	20		
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Acute Encephalitis - Infective	2	2	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-		
Acute Encephalitis - Post Infectious	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2		
Typhoid Fever	1	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-		
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Erysipelas	9	-	2	1	1	4	-	-	-	-	-	-	-	-	2	2	-	-	1		
Meningococcal Infection	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	3		
Puerperal Pyrexia	25	1	-	-	-	-	-	16	-	-	-	-	-	-	1	1	2	-	3		
Ophthalmia Neonatorum	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1		
Infective Hepatitis	13	-	-	-	-	-	1	5	6	-	-	-	-	-	6	-	-	-	7		
Food Poisoning	44	2	1	3	1	4	-	5	6	-	-	1	1	17	1	1	2	-	7		
Tuberculosis - Respiratory	46	2	8	1	1	12	1	3	2	3	2	2	2	13	7	4	2	1	6		
Tuberculosis - Meninges	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Tuberculosis - Other Forms	9	-	2	1	-	3	-	-	1	-	1	-	1	3	1	1	2	-	4		
Malaria	5	-	-	-	-	-	-	-	5	-	-	-	5	-	-	-	-	-	-		
Scabies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
TOTALS	6885	186	878	386	37	1487	176	359	760	135	369	220	2019	469	411	798	747	954	3379		

SECTION II

SCHOOL HEALTH SERVICE

(including Borough of Hove & Portslade Urban District)

School Health Service

Section II

<u>C O N T E N T S</u>	<u>Page</u>
Staffing (for details of staff see pages 6, 7 & 8)	51
Medical Inspection and Treatment - Introduction	51
Advisory and Peripatetic Teaching Services for Hearing-impaired Children	58
Child Guidance	60
School Psychological Service	61
Speech Therapy	63
B.C.G. Vaccination Scheme for School Children and Students 1967	67
Extract from the Annual Report of the Medical Officer of Health for Hove : School Health Service	70

Extracts from Statistical Returns to the Department of Education and Science

Table

Periodic Medical Inspections	A	73
Other Inspections	B	73
Infestation with Vermin	C	74

Part II

Defects found by periodic and special Medical Inspection during the year	75
--	----

Treatment of Pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools)

Table

Eye Diseases, Defective Vision and Squint	A	76
Diseases and Defects of Ear, Nose and Throat	B	76
Orthopaedic and Postural Defects	C	77
Diseases of the Skin	D	77
Other Treatment Given	G	77

STAFFING

The year has seen a number of staff changes. Dr. Evelyn Kilsby has taken the place of Dr. Janet Waugh as School Medical Officer on the appointment of Dr. Waugh as Senior Assistant Medical Officer in the Health Department. In the Child Guidance Service Dr. J. Ross was appointed from the beginning of the year on the retirement of Dr. D. Small, whose vital contribution to the service in its formative years was acknowledged in my previous report. Dr. K.R. Masani has replaced Dr. Heller at the Crowborough Child Guidance Clinic.

With the appointment of Mrs. Stuart-Menteth as Social Worker at East Grinstead and Crowborough the teams at both these Child Guidance Clinics are complete.

In the speech therapy service, Mrs. Hudson-Smith was appointed consultant part-time Speech Therapist from January, 1967, and Mrs. Pruden, formerly part-time, accepted a full-time appointment as from June, 1967. Miss Dolan, however, resigned at the end of the year on being appointed to a hospital post in Canada, so that this service remains considerably below full establishment.

MEDICAL INSPECTION AND TREATMENT.

SCHOOLS

The number of maintained schools in the county is 213, comprising:-

Grammar Schools	9
County Secondary Schools	30
Primary Schools	170
Special Schools	4

The number of children on the registers of the Authority's schools during the Autumn Term, 1967, was 49,346.

INTRODUCTION

The year has shown a number of interesting developments within the School Health Service. The first of these was the introduction of a pre-school medical examination of children in the Seaford area. A brief extract from Dr. Parker's report, who carried out the examination, indicates some of the merits and demerits of this: "The parents and school nurses found this to be ideal but for the doctor the lack of opportunity of discussion with the teachers was the one disadvantage. The comfort of working in ideal surroundings in the clinic only emphasised the inconveniences and discomfort experienced when examining children in junior schools. Most junior schools are now overcrowded and adequate facilities for medical inspections do not exist in primary schools." In the clinic, also, it was possible to carry out a careful assessment of vision and a urinalysis, which is impracticable in the school setting. The School Medical Officer followed up her "children" in school, so that discussion with teachers was possible.

Dr. Collins in his report calls attention to the need for parental guidance. He states : "Many mothers arrive worried, the commonest complaint being "He won't eat anything." Reassurance makes the mother happier, and I am sure that in this sort of way routine school medical inspections contribute to the positive health of an important section of the community."

Other developments have included a survey into the requirements of school children regarding speech therapy. In the light of the information received, the need for a day unit for children with severe speech disorders has been established and it is planned to provide this in the coming year.

An audiology assessment panel was set up in the north-eastern area of the County to help in co-ordinating various services concerned with the deaf and partially hearing child.

MEDICAL INSPECTIONS.

The statistical tables given at the end of this report are in accordance with the requirements of the Department of Education and Science.

Table 1. Numbers seen at Medical Inspection
(Figures for 1966 are given for comparison).

	<u>1967</u>	<u>1966</u>
Routine	12,447	12,571
Special	876	1,078
Re-examination	10,941	9,190
	<hr/>	<hr/>
	24,264	22,839
	<hr/>	<hr/>

While the total number of inspections has risen over preceding years, the number of routine examinations is slightly less than in 1966. Coupled with a constantly rising school population this reveals an arrear, carried over in part from previous years, of about 15% of schools in which the statutory medical inspections have not been completed within the year. Measures have been taken which should help to overcome this. These include a redistribution of school medical officers' areas, the introduction of pre-school medicals on a limited scale and a consideration of the eventual employment of general practitioners in the school medical service on a sessional basis.

TABLE 2.**DEFECTS FOUND BY MEDICAL INSPECTION DURING 1967.**

(Figures for 1966 are given for comparison).

Defect or disease	NUMBER OF DEFECTS					
	Requiring treatment		Requiring observation		Total	
	1967	1966	1967	1966	1967	1966
Skin	90	100	280	251	370	351
Eyes a. Vision	509	633	1,622	1,665	2,131	2,298
b. Squint	60	70	115	124	175	194
c. Other	10	14	31	41	41	55
Ears a. Hearing	95	80	391	344	486	424
b. Otitis Media	12	17	100	130	112	147
c. Other	6	13	14	30	20	43
Nose and Throat	70	88	676	640	746	728
Speech	73	61	275	174	348	235
Lymphatic Glands	4	4	77	110	81	114
Heart	25	34	143	135	168	169
Lungs	37	31	297	269	334	300
Developmental						
a. Hernia	22	13	38	55	60	68
b. Other	62	47	334	329	396	376
Orthopaedic						
a. Posture	19	28	89	115	108	143
b. Feet	52	45	253	374	305	419
c. Other	31	36	185	215	216	251
Nervous System						
a. Epilepsy	4	11	57	42	61	53
b. Other	6	6	47	62	53	68
Psychological						
a. Development	32	100	444	358	476	458
b. Stability	39	36	407	356	446	392
Abdomen	13	11	72	51	85	62
Other	20	142	83	168	103	310

Table 2 shows the defects found by medical inspection during 1967 with figures for the previous year for comparison. As is always the case, the largest category requiring treatment or observation is of children with defective vision in standard tests. It is of paramount importance that when a defect is found early examination and treatment is instituted. During the school life of a child vision tests are carried out routinely at entry, eight years, ten years and fourteen years. When a child is on observation for a visual defect, however, tests are repeated at six monthly intervals as long as necessary, at the school medical officer's discretion.

A significant increase in the number of children noted with 'speech defect' probably indicates an increasing awareness of the handicap, associated with a reappraisal of the speech therapy service, rather than a true increase in the incidence.

There would appear to have been a material improvement in posture and a reduction in orthopaedic defects during the year. It is possible this is related to a swing away from the more extreme types of footwear, such as "winkle-pickers" and the like.

TABLE 3.

NUMBERS AND PERCENTAGE OF CHILDREN WITH DEFECTS
REQUIRING TREATMENT.

	<u>1967</u>	<u>1966</u>
No. of children examined	12,447	12,571
No. of children with defects requiring treatment	1,227	1,477
% of children requiring treatment	9.9	11.7

TABLE 3a

PERCENTAGE OF CHILDREN WITH DEFECTS REQUIRING TREATMENT.

<u>YEAR</u>	<u>PERCENTAGE</u>
1963	13.6
1964	13.3
1965	12.5
1966	11.7
1967	9.9

The steady downward trend in children requiring treatment may be attributable to the increasing effectiveness of preventive and prophylactic services and indicates a steady improvement in the health of the school child.

HANDICAPPED PUPILS

In accordance with the requirements of the Department of Education and Science, handicapped pupils are assessed by School Medical Officers and placed in one (or more) of ten categories. A child may be so well adapted to his handicap, however, or treatment may be so successful in controlling any disability that, for all intents and purposes, he may be considered as a normal child and he will not be ascertained as handicapped, though his condition will, of course, be recorded.

Again, wherever possible, handicapped pupils are admitted to normal schools, even though their disability may be quite considerable, in order to gain the well-proved benefits, educational, psychological and social, of admission to and acceptance by a normal, healthy peer-group.

The number of handicapped pupils on the county register at the end of the year was 2,496.

During 1967, 472 pupils were classified as handicapped, as follows:-

Blind	0
Partially Sighted	1
Deaf	5
Partially hearing	3
Slow learning	409
Epileptic	2
Maladjusted	34
Physically handicapped	9
Speech defect	1
Delicate	8

Four children were reported to the local Health Authority as unsuitable for education at school because of disability of mind, but a further nine were admitted informally to training centres, ~~as~~ such an arrangement is more satisfactory in every way to all concerned with the care of these children.

Blind Pupils - 14 (13) *

All 14 blind children in the county attended residential special schools.

Partially Sighted Pupils - 22 (21). *

There were 22 pupils in the county with defective vision of such a degree that education in a special school for partially sighted pupils was deemed necessary. In view of the small number involved and their scattered location it has never been practicable to provide a day special school for these children. Twenty one of these, however, were attending residential special schools. The parents of one child have so far refused to agree to his admission to a residential school. He, therefore, has received home tuition.

* (figures for 1966 in brackets)

Deaf Pupils - 35 (34)*

Deaf pupils require education in a special school for the deaf. At the end of the year 34 children were in such schools and one was on waiting list for admission.

Partially Hearing Pupils - 58 (53)*

Nine partially hearing children attended special schools catering for partially hearing pupils, and one a unit in West Sussex. One child was on waiting list for admission to a special school.

At the end of the year 47 children (of whom 34 were attending ordinary schools, and 13 were pre-school children) were receiving auditory training from qualified teachers of the deaf.

Slow Learning Children - 2,181 (2,077)*

This is by far the largest category of handicapped pupil. Of 2,181 children classified as slow learners, 312 (including 79 children living in Hove) received education in special schools, the parents of 6 children refused to agree to the transfer of their children to special schools and 14 children were awaiting placement in special schools. 1,687 (including 184 children living in Hove), were in schools with special classes, and 3 were receiving home tuition. Of the 159 children not in schools with special classes, the parents of 4 had refused to agree to the transfer of their children from their present school to a primary school with a special class. With regard to the remaining 155: arrangements for a change of school were under consideration in some cases; in others all those concerned agreed that a change of school would not be in the interests of the child.

Epileptic Pupils - 5 (4)*

Of the 5 pupils with severe epilepsy, 4 were in special schools and one was on the waiting list for admission to such a school.

Maladjusted Pupils - 86 (57)*

At the end of the year 70 maladjusted pupils were receiving special school education, 3 were receiving treatment in a hostel and attending ordinary schools and 13 children were awaiting placement in special schools. It is evident that increasing provision for these children will be required in coming years.

Physically Handicapped Pupils - 77 (70)*

As far as possible these pupils are retained in the ordinary schools, the curriculum being modified according to the nature and extent of the child's disability, and transport to and from the school being provided where necessary. It is only, however, with the co-operation of the teaching staff that these arrangements can be adopted and their efforts are fully appreciated. 17 pupils were being educated in this manner. Of those whose disability was sufficiently severe to preclude attendance at an ordinary school, 15 were in special schools, 35 in a hospital special school, 7 were receiving home tuition and three were awaiting placement in special schools.

Pupils with Speech Defects - 2 (1)*

While only 2 children with severe speech disorders received education at a special school, and another remains on the waiting list for admission, the recent survey (reported under "Speech Therapy," page 15) indicates that there are a considerable number of children who would benefit from special education of this kind were a day unit available.

Delicate Pupils - 16 (15)*

The 16 children at present ascertained as "delicate" suffer from the following conditions:

Asthma	12
Eczema associated with asthma	1
Bronchiectasis	1
Chronic bronchitis	1
Nephritis	1

At the end of the year 15 pupils were being provided for at residential schools, and one was on waiting list for admission to a special school.

HANDICAPPED INDEX.

All the handicapped pupils mentioned in the previous sections, with the exception of the majority of slow learners attending special classes, have been incorporated in the Handicapped Index set up in the Health Department. In addition children with known disabilities such as epilepsy, asthma and diabetes who attend normal schools, but who are to some extent handicapped, have been included in the Index.

The Index has two functions. First, it provides a coded index of handicaps, which can in fact be extended to cover all ages. Secondly it ensures co-ordination of services and sustained interest in the handicapped person's problems through a nominated worker, who is often a health visitor, but may be drawn from a number of disciplines and departments. The computer has been employed to store basic information and to prepare monthly lists of cases as "aides-mémoires" for the nominated workers.

ADVISORY AND PERIPATETIC TEACHING SERVICE FOR
HEARING IMPAIRED CHILDREN.

The following are extracts from a very interesting report prepared by Mr. W.J. Watts:-

The number of children referred for audiological/educational assessment continues to show a steady increase. 954 case reports have been filed since the inception of the Advisory and Peripatetic Teaching Service for Hearing Impaired Children in January 1965: (275 case reports/ 1965; 266 case reports/1966; 413 case reports/ 1967). As the facilities offered become even more widely known there is little doubt that the demands on the Service will become even greater.

Qualified experienced teachers of the deaf are now providing intensive remedial/auditory help for 47 partially hearing children with body-worn hearing aids in ordinary schools and homes. There are in addition 30 children with body-worn hearing aids in ordinary schools, not receiving intensive remedial/auditory help, but making satisfactory progress. They are provided with good classroom positions and receive regular management visits. There are a further 197 children known to have auditory impairments, not wearing hearing aids, satisfactorily controlled as a result of the provision of good classroom positions. They do not receive management visits unless specially requested.

197 children have been examined since the inception of the Service and have been subsequently found to have hearing within normal limits of acuity as measured by pure tone clinical audiometry and speech audiometry.

There are 46 children with auditory impairments who are receiving full-time educational treatment in Schools for the Deaf, Schools for the Partially Hearing, Units for the Partially Hearing and other schools.

At the present moment the Service is still inadequately staffed. As has been mentioned in a previous report, the staff position will probably stabilize at one teacher of the deaf in full-time advisory capacity and three/four full-time teachers of the deaf (or part-time equivalent) to provide the main teaching force.

The functions of the Advisory and Peripatetic Teaching Service for Hearing Impaired Children in East Sussex include ascertainment and assessment, placement and transfer, guidance for parents and teachers, the training of children in the use of hearing aids, the provision of auditory training, pre-school guidance and psychoeducational management.

Audiology Assessment Panel

The first meeting of the Audiology Assessment Panel for the North East Area of the County was held at Crowborough Child Guidance Clinic, in October. Representatives from the Kent and Sussex Hospital, Tunbridge Wells, the School Health Service and Education Department were present at the meeting.

This meeting was highly successful and will be repeated at six monthly intervals. This forward looking approach holds great possibilities for the future.

Conclusion.

During the present year the volume of work has continued to increase. In particular there has been a significant increase in the number of pre-school children and children just entered school who have been found to have significant auditory impairments. It can however be said with some certainty now that few, if any, children of the older age ranges remain undiscovered. Those who do occasionally come to light are mainly cases of adventitious deafness.

Finally, grateful mention must be made of those teachers of the deaf who work with partially hearing children in East Sussex, for without them the Service would not function (Mr. M.A. Harding, Mrs. E. Donovan, Mrs. E. Goulden, Miss D.I. Brodie, Mr. R.A. Beeson). Their task requires patience and is not always easy. Considerable distances are involved as a travelling teacher and the work is both exacting and responsible. The teaching of hearing impaired children is highly specialised. It cannot be regarded as a technique for instructing in academic skills but must be looked upon as a branch of social science.

Children in special schools, units and other educational establishments for deaf and partially hearing children.

Royal School for Deaf Children, Margate	6
Mill Hall Oral School for the Deaf, Cuckfield	9
Hamilton Lodge School for the Deaf, Brighton	9
Mary Hare Grammar School for the Deaf, Newbury	4
Nutfield Priory School for the Deaf, Redhill	2
Portley House School for Junior Deaf Children, Caterham	3
Woodford School for Deaf Children, Woodford	2
Ovingdean School for the Partially Deaf, Brighton	6
I.L.E.A. Special Boarding School, Rayners, Penn	1
Worthing Unit for Partially Hearing Children, Worthing	1
Valence School, Westerham	1
Dorton House School, Seal	1
Notre Dame Convent School, Crowborough	1

—
46

Miss Hannay, the Audiology Technician, has provided the following information:-

Audiometric Screen Testing

1. Number of schools visited	145
2. Total numbers tested	6,896
3. Number of cases specially referred	331
4. Number of audiograms plotted as result of screen tests.	252

C H I L D G U I D A N C E

The service continued to function at the six established clinics. For the first time all the clinics had a full team of workers, namely, psychiatrist, psychologist, social worker and clinic secretary. This has made it possible to deal with more cases. New cases referred to the service this year numbered 544, showing an increase of a hundred cases (22%) on the previous year.

THE SCHOOL PSYCHOLOGICAL SERVICE.

The following is a summarised extract from the report made to the Chief Education Officer of the work of the Educational Psychologists for the school year 1966/67:-

1. This year for the purposes of this Service the County has been divided into five regions based on the Child Guidance Clinic catchment areas, as follows:-

Seaford and Newhaven:	Mr. N.W. Wilkinson
Lewes and Crowborough:	Mr. H. Karle
Portslade and Hove:	Mr. P. Ransome
Burgess Hill and East Grinstead:	Mr. R.D. Gold
Bexhill:	Mr. R.S. McConville

2. 809 children were referred to the Service from the County clinics (see Table I) an increase of 21% over the previous year. To this number should be added the 76 on the waiting list at the beginning of the year. There were, however, 50 cancellations or withdrawn cases, leaving a total of 835 referrals. Of these, 146 children remained on the waiting list at the end of the school year.

The corresponding numbers of referrals (nett) from Hove was 118 for the year.

TABLE I

Reason for Referral	1964-65	1965-66	1966-67
Disturbed Behaviour	91	85	68
Emotional Difficulties	37	55	82
Educationally Sub-Normal	337	426	488
Other Education Problems	68	65	93
Assessment	29	36	78
Total:	562	667	809

3. The trend noted in previous years to refer at earlier ages is continuing. The new arrangements for slow learning children which come into operation in the new year should encourage this still further.

4. The psychologists' finds are summarised in Table II.

TABLE II

Findings	1964-65	1965-66	1966-67
Emotional Disturbance	236	250	289
Word Blindness	5	1	1
Physical Handicap	9	13	14
Environmental Circumstances	50	75	91
Low Innate Intelligence	109	92	166
Normal	27	24	33
No Cause Found	84	159	95
Total:	520	614	689

Emotional Disturbance

As might be anticipated, emotionally disturbed children form the largest diagnostic group. By the time they are seen by a psychologist many of these children are already quite seriously disturbed. While it is not possible to predict how many of these will be permanently handicapped, some psychological damage will certainly remain in a significant number of cases, and these will inevitably go on to swell the numbers of the mentally sick in the adult population with their attendant problems of absenteeism and incapacity to work.

It should be noted here that an appreciable amount of emotional disturbance in children results from mental ill-health in a parent, commonly the mother. Often in such a case no more than helping the child to cope with an irremediable situation can be attempted. Sometimes, however, it is clear that earlier intervention would have prevented the problem from growing to the dimension reached by the time the child was referred to the Service. For this reason, a plea is made for more attention to be given to the question of prevention and early guidance in the mental health field.

5. Table III shows the action taken following referral.

TABLE III

Action Taken	1964-65	1965-66	1966-67
Advice and Follow-up	92	95	154
Advice only	218	318	321
Referral to Child Guidance Clinic	39	45	45
Placement in Remedial Unit	-	1	6
Further Investigations Pending	5	12	14
Therapy	3	7	5
Assessment only	163	136	144
Totals:	520	614	689

SPEECH THERAPY.

With the appointment of Mrs. Hudson-Smith, F.C.S.T., as Consultant part-time Speech Therapist to the Service, it was decided to carry out a survey of children requiring, or believed to require speech therapy in the County. A simple questionnaire was designed and sent out in March to all headteachers (excluding Hove schools).

The returns produced the following information:-

Total number referred was 411 children, of whom only 72 were actually receiving speech therapy, leaving 339 in need of investigation to determine the need for priority treatment. These figures did not take into account pre-school referrals, which increased considerably during the year. By the end of the year Mrs. Hudson-Smith had furnished reports and recommendations for 217 children, and her work in this respect continues.

Meanwhile, it became essential to re-organise the speech therapists' programmes. This was made necessary by the acute shortage of staff, coupled with the large number of children requiring attention. The division of the County into precise areas served by each member of the staff had become impracticable. A study of the County's speech therapy personnel in the existing situation revealed much wastage of time in travelling from school to school for the treatment of a few children in each. This gave rise to dissatisfaction amongst the speech therapists, who not only had unsatisfactory clinical accommodation in most of the schools, but also lacked a permanent base for equipment.

The survey referred to above showed that in certain areas large numbers of cases had accumulated because no treatment had been undertaken for 2 - 3 years owing to lack of speech therapists.

The following new and temporary arrangements have, therefore, been made:-

1. Speech Clinics are functioning at the County Clinics at Crowborough and Newhaven, at which some children attend from the outlying areas.
2. An additional session at Lewes has been arranged at which children attend from as far as Hellingly and Hailsham.
3. Weekly sessions were held at Wadhurst C.P. School. This arrangement had to be suspended after four months owing to the latest staff deficiency.
4. Battle and Langton C.E. School similarly have a regular fortnightly session.

The remaining areas continue Speech Clinics for a limited number of children in the County Clinics at Haywards Heath, Burgess Hill, Portslade, Hove, East Grinstead and Bexhill. Those at Rye Clinic had to be suspended in December, 1967. It is to be regretted that owing to shortage of staff it was necessary to suspend treatment for 78 children before completion of their therapy.

Pre-school children - a number have been investigated by the Consultant Speech Therapist, who has advised parent instruction in suitable cases. A few have had arrangements made for periodic clinical visits, and others are in touch by correspondence, when necessary.

Arrangements were made in September for students to be sent from two London Training Schools for experience in clinical treatment at Haywards Heath, Burgess Hill and Lewes Clinics. Whilst the Speech Therapist in charge of the Clinic obtains some small assistance from having a student, it does mean that certain regulations have to be observed, i.e. the strict supervision of the student's work.

Future Proposals - As a further result of the widespread investigation of cases, it has been found that a considerable number of children are in need of intensive speech therapy, which cannot possibly be given by weekly appointments at a Speech Clinic (see statistical list). Such children are mainly those who have a serious delay in the development of expressive language and a few who are non-communicating (hearing loss having been excluded as a cause of the disorder). The education of such children in the normal schools proves extremely difficult and often denies them progress in basic learning at primary school level.

The Committee have approved a scheme, in principle, whereby a Day Unit should be formed which would combine speech therapy and special education for a small group of young children working with Teacher and Speech Therapist in close liaison. The accommodation would be attached to a primary school where the usual facilities are available, but the class teaching and therapy would be given in a Unit apart from the main building. Children would be transported to and from their homes within a circumscribed area to be chosen according to the locality where the need is greatest, for a pilot venture.

S P E E C H T H E R A P Y S U R V E Y

Number referred by schools ...	...	...	...	411
Number investigated by Dec. 1967 ...	...	...	...	193
Number of children investigated after referral through Principal School Medical Officer	...	...	...	24
Total number investigated (1967) ...	...	...	...	217

D I S P O S A L O F C A S E S I N V E S T I G A T E D

Receiving treatment ...	...	...	...	...	76
Awaiting treatment ...	...	...	...	...	113
No treatment required ...	...	...	...	...	28
Total ...	...	...	...	...	217

No of children from survey recommended for consideration by Selection Panel for admission to proposed Day Unit = 35.

SPEECH THERAPY STATISTICS (1967)

	UNDER TREATMENT *		
	Improved	No Change	Total
Stammer	32	5	37
Dyslalia	200	27	227
Dysphasia	49	11	60
Non-communicating	11	1	12
Cleft Palate	10	4	14
Others (including Dyspraxia).	17	5	22
TOTALS	319	53	372

* At some time during the year. The totals are thus cumulative.

DISCHARGES	
Normal or Improved to Maximum	109
Improved before Treatment Suspended.	68
Unresponsive to Treatment	5
Treatment Refused or Withdrawn	18
Total discharges	200 +

+ N.B. of the total number of discharges 78 were suspended before completion of treatment owing to staff shortage.

DEATHS IN CHILDREN AGED 5 - 16 YEARS.

Cause of Death	Age 5 - 7 years		8 - 10		11 - 13		14 - 16		Total	
	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys
Accidental violent death	0	1	0	1	0	0	1	0	1	2
Malignancies	1	1	0	0	0	0	0	1	1	2
Congenital abnormalities	0	1	2	0	0	1	0	0	2	2
Others	0	0	0	0	1	1	0	0	1	1
Total	1	3	2	1	1	2	1	1	5	7

The reduction in the number of deaths in children of school age due to accidents or violence is encouraging. In the previous two years fourteen children died as a result of accidents and all these were boys. In 1966 alone eight boys were killed in road accidents. In the present year, however, only one child was killed on the road. This was a boy of seven run over by a car.

It is hoped that this improvement reflects increasing public awareness of the danger to life for children on our roads, and it must be due in some measure to the active road safety campaign carried out by the police in conjunction with the schools. This is in fact health education, under another name, and is obviously bearing fruit.

B.C.G. VACCINATION SCHEME FOR SCHOOL CHILDREN AND STUDENTS, 1967

This scheme continued during the year, being offered to school children from the age of 13 years and to college students throughout the county.

Arrangements were made through the chest physicians to have the positive reactors X-rayed and followed up as necessary. As a result of this 20 cases are still being kept under observation by the chest physicians.

STATISTICAL SUMMARY RELATING TO THE B.C.G. SCHEME

FOR SCHOOL CHILDREN AND STUDENTS, 1967.

Number of Schools and Colleges visited	65
Number of Children eligible	4,255
Consents received	3,628
Number of Refusals	627
Consent rate	85.25%
Number of absentees	111
Already had B.C.G. (96 were skin tested - 91 found positive and 5 negative)	218
Number skin tested (excluding those who have had B.C.G.)	2,994
Number positive	239
% Positive	5.6
Number Negative	2,761
Number Vaccinated	2,738

In Hove and Portslade, under similar arrangements, 677 pupils were vaccinated; the positive reactor rate was 6.5%

It is worth noting that the parental consent rate at 85.25% is the highest yet attained.

Tuberculosis

A survey of the pupils and staff at one of the Authority's schools was carried out, as a result of one of the staff being notified as suffering from pulmonary tuberculosis. Skin testing and x-rays where necessary, were undertaken for 300 children and 40 staff.

Most of the children who were in contact had fortunately recently received B.C.G. vaccination so it was only necessary to arrange x-rays for the majority of the 300 children and staff involved in addition to skin testing a few children.

The final results are not quite complete but no further case of tubercle has been seen.

Employment of Children

One of the conditions regulating employment of school children in the administrative area of the county is that the Principal School Medical Officer shall supply to the employer

a certificate that the employment will not be prejudicial to the health or physical development of the child and will not render him unfit to obtain proper benefit from his education. During the year 844 certificates were issued by the school medical officer for this purpose, and 3 children were found unfit.

Child Care and Hygiene Classes

Senior girls in 23 schools have received instruction in Child Care, given by Health Visitors.

Examinations set to test the pupils' theoretical knowledge and practical skill took place in schools. 614 girls took the examination of which 577 passed, 93 with credit.

Schools Meals Service.

The total number of schools in the county with self-contained kitchens is 166 and 39 schools received meals from the 2 central kitchens or from other schools.

Medical History Sheets were received from 427 persons taking up employment as school canteen assistants, and chest X-rays were arranged.

Milk in Schools Scheme.

The schools participating in the scheme are provided with milk under contract by 42 suppliers and all receive pasteurised milk as recommended, except for one private school which obtains milk from its own dairy herd.

The supply arrangements have been kept under observation and during the year 74 samples of milk, covering all sources of supply were submitted for examination.

These satisfied the prescribed tests except in one case where the milk failed the Methylene Blue test, and this occurrence was related to a breakdown on the bottle washing plant at a central pasteurising establishment. Repeat samples were satisfactory.

Routine samples of the untreated milk supply taken for biological examination by the Cuckfield R.D.C. Health Department staff were reported to be free from tubercle and brucella abortus infection.

The source and quality of the supplies and the arrangements for distribution are considered to be satisfactory.

EXTRACT FROM THE ANNUAL REPORT TO THE MEDICAL OFFICER OF HEALTH

FOR HOVE SCHOOL HEALTH SERVICE - 1967.

The school population remained virtually the same as in 1966 and the breakdown into age groups was not remarkably different from the previous year. The girls of Knoll School moved to a brand new school building, thus allowing the boys to take over their half of the school to give some elbow room.

Towards the end of the year, the School Health Service transferred to the Conway Court building.

The plan for the 1967 school health work was based on the 1966 experience and fully expected to give a good coverage of all schools with an especial eye on the early discovery of the child in difficulty. Full co-ordinated assessment of the extent and nature of the difficulty was then to be put into operation and the strategy worked out as a result. However, due to staff retirement and changes, the service suffered a general set back and did not regain its full impetus before the end of the year. Of especial difficulty were the efforts to solve the lottery of availability of school time, attendance of medical officer and school nurse: the chances of the jack pot coming up seemed depressingly remote at times. As a result the total number of examinations fell from 1,514 to 1,252. The appointment of a school nurse to work wholly within the school is expected to ease the arrangements of medical staff in that field and allow a greater number of examinations of school children to be undertaken next year. Review of cases under observation will be done earlier and with more dispatch. However, progress was made in the 10 plus year group; coping with the group of children about to go to secondary schools. These periodic medical examinations were generally found to be extremely useful especially checking upon early ailments and so-called defects (often rather inadequately noted) at the first examination. Parents expressed their appreciation of this examination.

Fewer leaver examinations i.e. 330 as against 465 in 1966 were completed as the age group is being put back to 14 in place of 13.

Handicapped Pupils - Section 34

The register of handicapped pupils in the form of card index system, instituted in 1966, proved adequate to maintain medical and social care and control.

Documents were prepared as under:-

Delicate	3
Spastic & Other Handicaps	3
Partially deaf	1
Slow learner group	9

Two children were found unsuitable for school and were admitted to the Training Centre.

Early in the year the B.C.G. programme was carried out by Dr. Toal, one of the Assistant Medical Officers. Pupils of 13 years and upwards were Mantoux tested and if negative, immunised against tuberculosis provided the parents agreed. The number naturally immune was 70 out of a total of 722. The actual number tested was 96 up on the previous year (1966 - 626. 1967 - 722). Once again I should like to thank Head Teachers and their staff for their ready co-operation in the preparation and running of this programme.

The following table gives some indication of the work done during 1967.

<u>School</u>	No. <u>Skin Tested</u>	No. <u>Positive</u>	No. <u>Negative</u>	No. <u>Vaccinated</u>
<u>HOVE:</u>				
Hove Manor.	33	3	25	25
Davigdor Girls.	36	4	32	32
Cottesmore Sec.	60	5	55	55
Neville Secondary.	80	6	74	74
Knoll Boys.	51	6	43	43
Knoll Girls.	36	4	32	32
B'ton, Hove & Sx. Grammar.	210	19	187	187
Hove Cty. Boys.	81	12	67	67
Hove Cty. Girls.	79	5	76	76
De La Salle.	22	3	17	17
Deepdene.	7	-	7	7
Hove College.	20	2	18	18
St. Christophers.	7	1	6	6
	<hr/>	<hr/>	<hr/>	<hr/>
	722	70	639	639

PORTSLADE:

Mile Oak (Approved)	28	3	25	25
Portslade Boys.	47	3	43	43
Portslade Girls.	61	3	55	55
Downs.	17	3	14	14
	<hr/>	<hr/>	<hr/>	<hr/>
	153	12	137	137

Figures provided by the Child Guidance Clinic show that 68 children from Hove were referred to the clinic as against 34 in 1966, exactly 50% increase. 33 children were referred for behaviour problems in 1967 and only 12 in 1966. In addition 35 cases from East Sussex County Council (including Portslade) were referred to the clinic.

I would like to thank the staff at the Child Guidance Clinic for their assistance during the year.

The number of clinic sessions carried out by the Speech Therapist increased by 10 during the year and attendances were up very slightly (1966 - 1652. 1967 - 1687). 40 cases were discharged during the year, 21 as normal, 6 improved to maximum, 2 left school or area and 11 did not attend clinic. Of 70 cases under treatment, 67 improved and 3 did not improve. 69 new cases were referred to the clinic during the year.

CONCLUSION

I would like to thank all members of the medical, nursing and lay staff for their co-operation and enthusiasm during the year and Head Teachers and their staff for all their help. Others whom I would like to mention are Mr. O'Sullivan, the Borough Education Officer, Dr. Watson, the County Medical Officer of Health, and other County Officers, and I would refer to the continued support and encouragement received from the Education Committee at all times.

N. I. CONDON.

EXTRACTS FROM STATISTICAL RETURNS
TO THE DEPARTMENT OF EDUCATION AND
SCIENCE.

MEDICAL INSPECTION AND TREATMENT.

TABLE A. - PERIODIC MEDICAL INSPECTIONS

Age Groups (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination (See Note 1 above)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1963 & later	90	90	-	-	1	7	8
1962	2037	2036	1	-	50	136	184
1961	2416	2415	1	-	82	170	244
1960	491	491	-	-	10	38	48
1959	303	303	-	-	13	21	33
1958	241	240	1	-	7	12	18
1957	838	837	1	-	34	50	84
1956	1928	1927	1	-	102	112	207
1955	951	951	-	-	54	39	93
1954	324	324	-	-	13	21	30
1953	888	888	-	-	36	33	66
1952 & earlier	1940	1940	-	-	109	112	212
TOTAL	12447	12442	5	-	511	751	1227

Col. (3) total as a
percentage of Col. (2)
total.....

99.96

} to two places
of decimals.

Col. (4) total as a
percentage of Col. (2)
total.....

.04

TABLE B. - OTHER INSPECTIONS

NOTES:- A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	876
Number of Re-inspections	10941
Total	11817

TABLE C. - INFESTATION WITH VERMIN

NOTES:- All cases of infestation, however slight, should be included in Table C.

The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	66361
(b) Total number of individual pupils found to be infested	80
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	25
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	. /

PART II. - DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

NOTE:- All defects, including defects of pupils at Nursery and Special Schools, noted at period and special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table, should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	Defect or Disease (2)	PERIOD INSPECTIONS				Special Inspection
		Entrants	Leavers	Others	Total	
4	Skin	T 28 O 128	35 80	27 72	90 280	1 -
5	Eyes - a. Vision ...	T 160 O 796	191 404	158 422	509 1622	93 2
	b. Squint ...	T 40 O 69	10 29	10 17	60 115	- 1
	c. Other ...	T 4 O 22	4 7	2 2	10 31	- -
6	Ears - a. Hearing ...	T 75 O 275	14 61	6 55	95 391	2 41
	b. Otitis Media	T 11 O 80	1 9	- 11	12 100	- -
	c. Other ...	T 5 O 6	- 5	1 3	6 14	1 -
7	Nose and Throat ...	T 52 O 578	13 66	5 32	70 676	- 1
8	Speech	T 56 O 214	13 38	4 23	75 275	2 1
9	Lymphatic Glands ...	T 1 O 58	2 13	1 6	4 77	- -
10	Heart	T 16 O 83	5 37	4 23	25 143	- -
11	Lungs	T 17 O 181	9 65	11 51	37 297	1 -
12	Developmental - a. Hernia	T 14 O 31	6 6	2 1	22 38	- -
	b. Other ...	T 21 O 161	35 125	6 48	62 334	- 2
13	Orthopaedic - a. Posture	T 1 O 24	11 36	7 29	19 89	- 1
	b. Feet	T 20 O 144	20 68	12 41	52 253	1 2
	C. Other	T 11 O 108	13 36	7 41	31 185	- 1
14	Nervous System - a. Epilepsy	T - O 30	3 20	1 7	4 57	- -
	b. Other	T 1 O 25	- 13	5 9	6 47	- 1
15	Psychological - a. Development	T 7 O 225	13 141	12 78	32 444	2 2
	b. Stability	T 15 O 228	20 131	4 48	39 407	- 5
16	Abdomen	T 4 O 33	5 23	4 16	13 72	2 -
17	Other	T 6 O 43	7 88	7 18	20 83	- -

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (including Nursery and Special Schools)

TABLE A. - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	39
Errors of refraction (including squint)	2131
TOTAL	<u>2170</u>
Number of pupils for whom spectacles were prescribed	1444

TABLE B. - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment -	
(a) for diseases of the ear ...	-
(b) for adenoids & chronic tonsillitis	464
(c) for other nose and throat conditions	6
Received other forms of treatment	9
TOTAL	<u>479</u>
Total number of pupils still on the register of schools at 31st December, 1967, known to have been provided with hearing aids:-	
(a) during the calendar year 1967 (see note below)	10
(b) in previous year	115

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

		Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	...	213
(b) Pupils treated at school for postural defects	...	11
TOTAL	...	224

TABLE D. - DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C
of Part 1)

		Number of pupils known to have been treated
Ringworm - (a) Scalp	...	-
(b) Body	...	8
Scabies	...	1
Impetigo	...	23
Other skin diseases	...	33
TOTAL	...	65

TABLE G. - OTHER TREATMENT GIVEN

		Number known to have been treated
(a) Pupils with minor ailments	...	-
(b) Pupils who received convalescent treatment under School Health Service arrangements		-
(c) Pupils who received B.C.G. vaccination		3514
(d) Other than (a), (b) and (c) above Please specify		-
TOTAL (a) - (d)		3514

SECTION III

COUNTY DENTAL SERVICE

(including Borough of Hove & Portslade Urban District)

Section III

County Dental Service

C O N T E N T S

Page

Staff of County Dental Service 1967	80
Report of the Principal School Dental Officer and Chief Dental Officer	82
 <u>Statistics</u>	
School Children	85
Maternity and Child Welfare	86

STAFF OF COUNTY DENTAL SERVICE

1967

Chief Dental Officer and Principal School Dental Officer

Mr. C.K. FENTON EVANS, L.D.S.U. Dur.

Deputy Chief Dental Officer and Deputy Principal School
Dental Officer.

Mr. I.A.M. MITCHELL, L.D.S.R.C.S. (appointed 1.4.67)

Area Dental Officer

Mr. A. AMDOR, L.D.S.R.C.S.

Senior Dental Officers

Mr. T.H.A. PALLIN, L.D.S.R.C.S.

Mrs. S.A. PARK, L.D.S.R.C.S. (appointed 1.4.67)

Dental Officers

Dr. D. BARKER, L.D.S., D.Orth.R.C.S., M.R.C.S., L.R.C.P.
(appointed 26.6.67)

Mr. W.S. BEESON, B. Ch.D., L.D.S.U. Leeds (resigned 29.10.67)

Mrs. C.M. CROSSMAN, B.D.S. (resigned 31.10.67)

Mr. B. DYSTERRE-CLARK, L.D.S.R.C.S. (appointed 1.3.67)

Mr. J.V. GOLDIE, L.D.S.R.C.S.

Miss H.M. PHILLIPS, L.D.S.U. Leeds. Part-time

Mr. S.G. PILLOW, B.D.S.U. Bris.

Mr. A.P. SPACKMAN, L.D.S.R.C.S.

Sessional Dental Officers

Mrs. S.M. EVANS, L.D.S.U. Dur.

Mrs C.M. CROSSMAN, B.D.S.

Mr. A. LONGDEN, L.D.S.U. Leeds.

Miss G.M. RODGERS, L.D.S.R.C.S.

Mrs. J.M. SHARPLES, L.D.S.R.C.S.

Mrs. L. SMITH, B.D.S. (Lond.), L.D.S.R.C.S.

Anaesthetists

Dr. A. BEWLEY, M.B., B.Ch., B.A.O., D.A.(Eng.)..,
D.A.R.C.P.S.I. Dub.

Dr. J.E. BRIFFA, B.Sc. Malta, M.D., D.A.(Eng.) F.F.A.R.C.S.

Dr. A.F. BUCK, M.B., B.S., D.A.(Eng.)

Dr. N.G.S. FISHER, M.B., Ch.B., F.F.A.R.C.S.

Dr. T. PARKES, M.B., B.S. (Lond.)

Dr. P.H.VENN, M.R.C.S., L.R.C.P., F.F.A.R.C.S., D.A.(Eng.)

COUNTY DENTAL SERVICEREPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER
AND CHIEF DENTAL OFFICER

The Introduction into service of a fourth mobile dental clinic has improved the availability of treatment for patients in the western rural areas of the county and has made possible the termination of the last remaining unsatisfactory arrangement for providing treatment in premises other than those specifically allocated for the purpose. Of the premises in use, some are still sub-standard as work has not yet commenced on the improvements in the three year plan agreed in 1965. Plans for a dental suite have been approved, however, for the Uckfield clinic and it is anticipated that work will commence early next year.

Further x-ray machines have been installed and further improvements to equipment have been made. These, together with better arrangements for obtaining the services of qualified anaesthetists, have made possible the provision of conservative treatment under general anaesthesia for patients where the use of the more usual local anaesthesia was impracticable on clinical grounds. Better facilities for various types of anaesthesia and improved equipment now available to a suitably experienced member of the staff, has allowed the first steps to be taken towards the formation of an oral surgery unit. During the year, some thirty cases for oral surgery - cases which would otherwise have been referred to a hospital - were treated by the county dental service. It is intended that the oral surgery unit will ultimately be established in the new health centre in Hailsham.

With the appointment to the staff of a dental officer holding a higher qualification in orthodontics, it has been possible to plan and introduce a much needed orthodontic service. Even though this service has been available only on a part-time basis during the last four months, the number of cases undergoing treatment at the close of the year was four times that of previous years. The fact that a comparable number of children are already awaiting an initial orthodontic consultation is some indication of the need for a full service. There have been, and there remain, many difficulties and problems in providing an orthodontic service throughout the whole of the county and I am most grateful for the patience and co-operation of Dr. Dudley Barker in helping to overcome them and for his untiring efforts to provide a specialist service, often under far from ideal conditions. The proposed provision of a mobile

orthodontic clinic next year will increase the efficiency and scope of the orthodontic service.

Although the actual number of children inspected was increased, the Service failed to meet the growth in school population with the result that a slightly lower overall percentage of the school population was inspected.

An improvement in the acceptance rate and an increase in the number of patients attending per session resulted in an 11% increase in the number of children treated. There was a 25% increase in the number of fillings inserted and the number of fillings per session per dental officer rose from 6.6 in 1966 to 7.9 in 1967 - when purely orthodontic sessions are discounted, the figure is 8.1. This constitutes more than a 100% increase in the number of fillings per session per dental officer since the review of the Dental Service in 1965, and whilst it may be considered as some indication of the success of the measures and changes introduced following the review, it has only been achieved as a direct result of the co-operation and the increased effort of the dental officers aided by the dental surgery assistants.

The third year birthday card, the mobile clinic scheme and other measures introduced to increase the provision of treatment for the maternity and child welfare classes appear now to be producing the results hoped for - 22% more mothers and 33% more pre-school children were inspected than in previous years and more than 70% more fillings were provided in both groups. The continued assistance of Dr. M. Boyd and the Health Visitors has been an invaluable aid in extending this aspect of the county's dental service.

The scheme, introduced jointly by the Chief Dental Officers of this and two neighbouring authorities and with the support and co-operation of the consultant paediatricians of a local hospital, for the care as soon after birth as possible, of grave "at risk" cases, appears to be working smoothly and eleven such cases were dealt with during the year. This scheme - perhaps unique - is of great importance in reducing possible risk to life following dental neglect and is an example of what can be achieved by the co-operation of local authorities and hospital consultants. The parents of these children appreciate the care taken and it is hoped that the scheme may, in time, be broadened and extended.

The maternity and child welfare classes have also benefited from the improved facilities now becoming available, and a number of surgical cases have been treated and the improved facilities for general anaesthetics have aided the treatment of the very young child.

The dental services in Hove have been improved and the new dental suite in Conway Court provides a modern surgery and equipment. The Area Dental Officer appointment has strengthened the administration and supervision within the borough and has produced a marked increase in the amount of treatment provided during the year.

Adequate staffing continued to be, throughout the whole of the year, a major problem and slowed the hoped for expansion and improvement of the service. The choice has lain in either withdrawing a service completely in certain areas or in maintaining a restricted service in all areas and the latter policy has been adopted. Provision has been made for routine treatment wherever and whenever possible and emergency cases have been given prompt treatment no matter where they have occurred. In an attempt to improve recruitment, dental officers have been given the option of operating extended hours and it appears that the future may show an improvement in staffing as a great deal of interest has been shown in this scheme since its introduction. Unfortunately, various delays prevented its introduction until November so that no benefit was recorded during the year, but three new dental officers are expected to commence duty during the early part of the coming year. In addition to this scheme, a nationally negotiated new salary scale was introduced with the result that, at dental officer level, the local authority service may become more attractive, but it will depend on local decisions on senior appointments as to whether the local authority service as a whole will offer attractive career prospects.

It is regretted that no preventive dentistry was undertaken during the year - school tuck shops persist, water is lacking in adequate fluoride content and no planned dental health education has been undertaken. Both national and local economic factors have prevented any progress in the development of this function of the dental service. Much of the treatment recorded in this report - and its accompanying pain and disfigurement to children - could be rendered unnecessary by comparatively simple measures. Although many improvements have been made to the service during the year, it would be wrong to feel satisfied or complacent for there remains much still to be done. Endeavour still seems to be directed more to meeting the needs of yesterday rather than the requirements of tomorrow.

I should like to thank the Chief Education Officer and his staff for their continued co-operation and assistance, the County Medical Officer of Health and his staff and especially the members of the staff of the Dental Service for their effort and understanding.

C. K. FENTON EVANS

Principal School Dental Officer
Chief Dental Officer

School Children

1st Inspection in year

	<u>1967</u>	<u>1966</u>
Number inspected at school	35,450	34,445 (73.5%)
" " at clinic	2,704	2,670
	<u>38,154</u>	<u>37,115</u>
Requiring treatment	21,867 (57.3%)	22,875 (61.3%)
Offered treatment	17,175 (45%)	19,458 (52.4%)
Treated	8,281	7,282

Treatment

Sessions devoted to treatment	4,093	3,799
Number of attendances	22,673	19,065

Fillings

(a) Permanent	18,541	15,112
(b) Deciduous	12,131	9,009
	<u>30,672</u>	<u>24,121</u>
	<u> </u>	<u> </u>

Extractions

(a) Permanent	1,326	1,144
(b) Deciduous	2,934	2,876
	<u>4,260</u>	<u>4,020</u>
	<u> </u>	<u> </u>

Orthodontic cases treated	354	108
" " completed	81	30

Ratio teeth filled : extracted

(a) Permanent	11.1 : 1	11.0 : 1
(b) Deciduous	3.5 : 1	2.8 : 1

Maternity and Child Welfare

	<u>Expectant and Nursing Mothers</u>		<u>Children Under Five</u>	
	<u>1967</u>	<u>1966</u>	<u>1967</u>	<u>1966</u>
Examined	119	97	920	688
Requiring treatment	111	94	537	526
Courses of treatment commenced	115	78	526	446
" " " completed	93	63	426	352
Fillings	412	231	1437	840
Extractions	70	123	266	203
Scaling and gum treatment	59	47	22	18
Dentures	28	20	-	-
No. of sessions (equivalent)	306	(190)		

SECTION IV

GENERAL HEALTH SERVICES

(Borough of Hove and Portslade Urban District)

Section IV

Borough of Hove and Portslade Urban District

C O N T E N T S

	<u>Page</u>
Staff	89
Vital Statistics	90
<u>Local Health Services under The National Health Service Act 1946</u>	
Care of Mothers and Young Children (Section 22) ..	92
Domiciliary Midwifery, Health Visiting and Home Nursing (Sections 23, 24 and 25)	95
Vaccination and Immunisation (Section 26)	98
Prevention of Illness, Care and After-Care (Section 28 - excluding Mental Health)	101
Home Help Service (Section 29)	105
Mass Radiography	106
Hove Day Nursery	107
Mental Health (Section 28)	108
<u>Local Welfare Services under the National Assistance Act, 1948</u>	
Welfare of the Blind	110
Welfare of Cripples	110
Welfare of the Deaf and Dumb	111

BOROUGH OF HOVE STAFF EMPLOYED ON DELEGATED FUNCTIONS

(as at 31st December, 1967)

Medical Officer of Health	N.I. Condon, M.B., B.Ch., B.A.O., D.P.H.
Deputy Medical Officer of Health	D.M. Blomfield, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Assistant Medical Officers and School Medical Officers	Jane Lodwick, M.B., B.Chir., D.C.H., Anne Toal, L.R.C.P., S.I.
Area Nursing Officer	Miss G. Nicholson, R.F.N., S.R.N., S.C.M., H.V. Cert., Q.N.
Matron, Hove Day Nursery	Mrs. M.N. Waters, S.R.N., R.S.C.N., S.C.M.
Senior Mental Welfare Officer	Mr. L. Oliver
Speech Therapist	Miss B.J. Bentley, L.C.S.T.

Staff:

The position regarding staff in the department followed on similar lines to the previous year, and many changes took place, particularly on the nursing side.

The middle of the year saw the retirement of Dr. Firth, one of the Assistant Medical Officers, who had been on the medical staff of the department for some 19 years. Dr. Firth had given loyal and conscientious service to the town and her retirement was received with a certain amount of sadness by both staff and parents alike, not to mention the children in whom Dr. Firth always showed a great deal of interest. We all wish her a long and enjoyable retirement.

Another long serving member of the staff also retired towards the end of the year, Miss Linton, Area Nursing Officer. Miss Linton like Dr. Firth had been attached to the department for a considerable number of years, 18 to be exact, and had done stirring work in her particular sphere. She was very interested in the welfare of the elderly residents, who I am sure will miss her help and guidance. Miss Linton has emigrated to Australia along with Miss Mace and Miss Lake, Health Visitors, and we wish them every success in their new surroundings.

Miss Manser, Health Visitor, retired in June after many years service in Hove, Miss Mitchell, Health Visitor, left Hove after four years to take up a similar post with West Sussex County Council.

Miss Nicholson, Deputy Area Nursing Officer, was appointed to succeed Miss Linton as Area Nursing Officer in October. The following were welcomed to the staff during the year. Miss Holloway Geriatric Health Visitor, Miss O'Brien, Health Visitor, Miss Van't Veen, Health Visitor, and Mrs Wilson, School Nurse. It is a new venture to separate some of the school work allowing the Health Visitors more time for home visits and specialised duties. Mrs. Warbrick, Health Visitor has undertaken specialised duties in the field of audiometry, but as yet still continues with a small general case load. It is anticipated that when the staff is increased she will be able to undertake full time audiometry.

An Assistant Home Help Organiser was appointed in June, but resigned in the November. We were lucky enough to secure the services of another person to take over this post within a matter of a few weeks, and this section of the department is coping with an ever increasing demand, in spite of considerable difficulty in recruiting Home Helps.

On the clerical side, Miss Craig retired after many years in the department, and we wish her a happy retirement.

Vital Statistics (Hove)

The Registrar General's estimated mid-year resident population for the Borough of Hove is 72,140, which is 460 less than the 1966 figure of 72,600. The 1961 Census Report gave the population as 72,843: 29,929 males and 42,914 females.

The Death Rate as corrected by the Registrar General's comparability factor of 0.53 was 10.72 (rate for England and Wales 11.2) compared with a 1966 rate of 11.49 (rate for England and Wales 11.7). The number of deaths from all causes was 1,460 - 586 males and 874 females (1,574 - 1966). Cancer (all forms), Coronary and other heart diseases, Vascular lesions of nervous system were the main causes of death.

The Birth Rate as corrected by the Registrar General's comparability factor of 1.36 dropped to 15.05 (rate for England and Wales - 17.2). 1966 - 16.74 (rate for England and Wales - 17.7). The total number of live births 799 (1966 - 894) including 135 illegitimate births, giving an illegitimacy rate of 16.89% (1966 - 18.00%). The figure for still-births 13 showed an increase of 5 over the 1966 total, with a still-birth rate per 1,000 total live and still-births of 16.00 (1966 - 8.85).

Infant Mortality rate 18.77 (15 deaths under one year of age) (1966 - 10.06) (9 deaths under one year of age). The infant mortality rate amongst illegitimate babies was 37.03 per 1,000 illegitimate live births (1966 - 12.42). The neonatal death rate (deaths under four weeks per 1,000 live births) was 13.76 (1966 - 7.82). The perinatal mortality rate

(still-births and deaths under one week combined per 1,000 total live and still-births) was 28.32 (1966 - 16.62). There were no maternal deaths.

Portslade-by-Sea Vital Statistics.

	1967	1966
Population	18,360	18,130
Death Rate		
Standard	11.38	Standard 9.26
Corrected	11.49	Corrected 9.45
Total Deaths	209	168
Birth Rate		
Standard	18.57	Standard 21.18
Corrected	18.19	Corrected 20.54
Total Births	341	384
Stillbirths	8	2
Rate per 1,000 total live and stillbirths.	22.9	5.05
Total Live and Still Births	349	386
Infant deaths under 1 year	3	5
Total infant deaths per 1,000 total live births.	8.79	13.02
Legitimate infant deaths per 1,000 Legitimate live births.	9.40	13.47
Illegitimate infant deaths per 1,000 Illegitimate live births.	Nil.	Nil.
Neo-Natal Mortality Rate.	8.79	10.41
Early Neo-natal Mortality Rate.	5.86	7.81
Perinatal Mortality Rate.	28.65	12.95
Maternal Mortality.		
Number of Deaths.	Nil.	Nil.

Infectious Diseases (including Tuberculosis)

868 cases of Infectious Disease were notified during 1967 compared with 128 in 1966. Measles accounted for 808 of these cases, but as this disease has a biannual cycle, there is no significance in this large increase. There were 37 cases of Whooping Cough compared with 11 in the previous year.

The number of tuberculosis cases on the register showed very little change: 1966 - 688. 1967 - 690. New cases during the year totalled 10.

The figures for Portslade in connection with the Infectious Diseases show a similar increase in cases for 1967 i.e. 1966 - 88. 1967 - 367. Here again Measles notifications accounted for 355 cases.

The number of cases on the Portslade Tuberculosis Register remained the same at 147 and the number of new cases 3.

15 cases of Scarlet Fever were notified in Hove and 7 in Portslade during 1967.

All households in which a case of Scarlet Fever was notified were visited by a Public Health Inspector.

Care of Mothers and Young Children (Section 22)

Infant Welfare Centres.

For a number of years Hove has badly needed a new Infant Welfare Clinic in the central part of the town, and towards the end of the year this was achieved when a combined Infant Welfare and School Clinic was opened at Conway Court, Sackville Road, Hove. The Maternity and Child Welfare, School Health and Dental Services moved into the lower floor in September. The new premises have enabled the Health Department to give a much better service to members of the public generally, and at the same time improve the working conditions of the staff. The previous premises at Claredon Villas Mission Hall, Claredon Villas, although answering a much needed purpose, were far from ideal. The Family Planning Association continue to use the Mission Hall premises.

Hove now has two purpose built clinics reasonably well situated, one in the Western part of the town and the new clinic quite central. The only area not now completely catered for is the eastern part, although the distances to be travelled to Conway Court are not too excessive. The only centre which really caters for the residents in the eastern part of the town situated in Holland Road and this is only held once a week in church premises.

Mothers are able to get advice and welfare foods from the Mothercraft Training Centre in Dyke Road, Hove.

8 Infant Welfare Sessions per week are held in Hove and 6 in Portslade.

2,310 children under the age of 5 years attended Hove clinics during the year and 1,767 in Portslade. Sessions held - Hove - 404. Portslade - 302.

Due to lack of accommodation in the Town Hall Annexe, Third Avenue, the Health Visitors were decentralised during the year to the four clinics in Hove and Portslade. It is hoped that the monthly meetings which will take place will keep a close link between the staff.

Proprietary Foods were discontinued at the clinics towards the end of 1967 and there was a subsequent drop in attendances, but it is thought that this is only a temporary thing and that attendances will rise in 1968. The number of families visited has remained about the same as in 1966, work done amongst families

with special problems has continued to be assisted by the Co-ordination Committee meetings held monthly. The monthly Social Workers meeting at lunch time was continued, but in view of the low attendance it is hoped to transfer the meetings to Conway Court in 1968.

Audiometry

Clinics were held by Dr. Toal one of the Assistant Medical Officers at the various Infant Welfare Clinics in Hove and Portslade during the year, and the following figures give some idea of the work done.

	<u>Total</u>		<u>No. Passed</u>		<u>No. Failed</u>	
	<u>Hove</u>	<u>Portslade</u>	<u>Hove</u>	<u>Portslade</u>	<u>Hove</u>	<u>Portslade</u>
New Cases	261	286	220	273	41	13
Re-check Cases	10	6	8	6	2	Nil.

Babies born at risk

184 cases were reported in Hove during the year and 59 in Portslade.

The three main categories were as follows:-

	<u>Hove</u>				<u>Portslade</u>		
Forceps delivery	62	Forceps delivery	..	..	20
Prematurity	25	Toxaemia	..	..	9
Caesarean section	18	Multiple birth	..	..	8

Congenital Malformations

The following table sets out the actual number of notifications received during the year.

	Live Births		Still-births	
	Hove	Portslade	Hove	Portslade
January	-	-	-	-
February	2	-	-	-
March	-	1	-	-
April	2	-	-	-
May	1	1	-	-
June	-	1	2	-
July	1	-	1	-
August	-	-	-	1
September	3	-	-	-
October	-	-	-	-
November	2	-	-	-
December	-	-	-	1
	---	---	---	---
	11	3	3	2
	---	---	---	---

Welfare Foods Service.

National Dried Milk, Cod Liver Oil, A and D Tablets and Orange Juice were obtainable at all Infant Welfare Clinics in the Borough of Hove and Urban District of Portslade during the year. The Mothercraft Training Society, Dyke Road, Hove, also provide facilities for mothers in their area to purchase welfare foods, and I would like to thank them for their continued co-operation in this respect.

The figures for 1967 show a definite decrease in demand against those for 1966. For the second year in succession the figures in respect of National Dried Milk have dropped by something in the region of 1,000.

The following table sets out the quantities issued during the year.

	<u>Hove</u>	<u>Portslade</u>
National Dried Milk Powder (Full/Half Cream)	5577(6623)	2226(2810)
Cod Liver Oil	776(932)	448(502)
A and D Tablets	947(1230)	421(459)
Orange Juice (Bottles)	13601(16726)	7580(7879)
Figures for 1966 in brackets.		

Co-ordination Committee

As in previous years regular meetings were held between representatives from various departments of the council and voluntary organisations concerned with problem families etc.

Care of Unmarried Mothers

The Hove Health and Welfare Services Committee agreed to help financially towards the cost of maintenance at a Mother and Baby Home in 12 Hove cases during 1967, compared with 15 in 1966. A grant is made by the Council towards administrative expenses incurred by the Chichester Diocesan Moral Welfare Association.

DOMICILIARY MIDWIFERY, HEALTH VISITING AND HOME NURSING (SECTIONS 23, 24 and 25)

Health Visiting

The establishment of the Health Visiting Service is 1 Area Nursing Officer, 1 Deputy Area Nursing Officer, 13 Health Visitors, who are also School Nurses, 4 Geriatric Visitors (1 responsible for handicapped persons in the area) and 1 Tuberculosis Visitor. This staff is responsible for the combined area of Hove and Portslade, apart from Miss Hoad, Handicapped Persons Visitor, who deals with Hove only.

There is a national shortage of Health Visitors, and in view of this consideration may be given to a sponsored Health Visitor training scheme in the very near future. In spite of the lack of staff the Health Visitors have willingly undertaken extra duties and the service has not suffered and thanks must go out to the Health Visitors for their loyalty and effort.

The Health Visitors work in close co-operation with various statutory and voluntary bodies concerned with the care of mothers and young children, and a vital part is also played by them in connection with premature infants, illegitimate children, boarded out children and adoptions.

The following summary gives some indication of the work done in this section during 1967.

Cases visited by Health Visitors.

	<u>Hove</u>	<u>Portslade</u>
Children born in 1967 ..	..733(841)	375(328)
Children born in 1966 ..	..726(823)	351(309)
Children born in 1962/65 ..	..1752(1759)	943(823)
	<hr/>	<hr/>
	3211(3423)	1669(1460)

1966 figures in brackets.

District Nursing and Midwifery.

At the Annual General Meeting of the Hove and Portslade District Nursing Association in July, 1967, the proposed changes in the services were discussed fully and the District Nursing Association agreed that their responsibility for the District Nursing Service should cease. Grateful thanks must go to the District Nursing Association for their able work in the past.

The District Nursing Staff moved from Sackville Road to new premises in Conway Court, Sackville Road, Hove on 2nd October. This move brought about closer contact with other public health staff and is proving very satisfactory.

Miss Bryant returned after her absence of nine months on the Health Visiting Course, to her post as Superintendent. Mrs. Mansfield, who had carried on in Miss Bryant's absence so ably, retired after nine years service and our gratitude must be expressed to her. Miss Browning, Assistant Superintendent did much in the midwifery field.

Other staff changes:

<u>Resignations</u>	<u>Recruitments</u>
Miss Cole. November 1967. After nine years	Mrs. Houd. Asst. Nurse.
Mrs. Simmons January 1967 " four "	Mrs. Wolstonholme. District
Miss Penfold May 1967 " twelve "	Nurse.
Mrs. Partridge. July 1967 " seven "	Mrs. Holmes. District Nurse.
Two male nurses resigned in 1967.	Miss Gulliver " "
	Mrs. Sheriff. " "
	Mrs. Pancoust. " "
	Mr. Hall. " "

We wish those who left well in the field they have chosen and welcome the new members of the staff.

Refresher Courses were taken in Midwifery by Miss Bryant, Miss Ray and Mrs. Collingridge.

Refresher Courses were taken in General Nursing by Miss Smythe and Miss Cole. One male nurse commenced District training in September.

Future Training of District Nurses.

East Sussex County Council have sought approval from the Ministry of Health for Hove to sponsor and train their District Nursing staff in conjunction with the Brighton district training scheme. Lectures will be taken at Brighton and practical work

and training will be given in Hove under the supervision of Miss Scobie, D.N., who has been approved by the Queens Institute for this purpose. Special supervision will be undertaken by the Assistant Area Nursing Officers.

General Nursing Care

Although the actual number of cases of patients nursed in their own homes had decreased slightly the number of visits made increased, more emphasis is given towards the rehabilitation of the elderly and closer contact with other members of the health team has been achieved. During the influenza outbreak in December, the nursing service was stretched to its fullest extent and much extra work was undertaken in very difficult circumstances.

Home Nursing figures:

	<u>Hove</u>	<u>Portslade</u>
Total number of patients nursed	2,303	270
Total number of patients under 5 years.	13	2
Total number of patients over 65 years.	1,480	191
Total number of visits	69,322	9,885
Total number of visits over 65 years.	57,415	7,543

The staff covers both Hove and Portslade.

Domiciliary Midwifery.

This service has continued as previously and the full complement of seven midwives has been maintained.

Midwifery students continue to take practical training in Hove from Cuckfield Hospital Part II Training School, including some international students, who were well accepted by staff and patients.

The number of domiciliary confinements has decreased considerably, but the number of cases delivered in hospital and then sent home within a few days for home nursing has increased.

During the year 768 visits were made in the Borough of Hove and 858 in Portslade.

58 Domiciliary confinements were attended by midwives in Hove and 52 in Portslade.

The number of cases delivered in Hospital and other Institutions and attended by Domiciliary Midwives before the 10th. day - Hove - 228. Portslade - 94. Number of visits to these cases - Hove - 1,828. Portslade - 838.

VACCINATION AND IMMUNISATION (SECTION 26)

Poliomyelitis Vaccination

Routine vaccination was carried out during 1967, being, as in previous years, available to all persons up to the age of 40 years, expectant mothers and persons at special risk.

There was not a noticeable difference in the number of persons receiving primary courses but the booster doses for persons under 16 years showed an increase and this is undoubtedly due to new policy which was adopted in September, 1966, of giving the poliomyelitis boosters at School instead of at separate clinics.

	<u>Primary Courses</u>	<u>Re-inforcing Doses</u>	
	<u>Children under 16 years</u>	<u>Persons 16/40 yrs.</u>	<u>Children under 16 yrs</u>
1965	.. .. 649 (383)	94 (19)	289 (241)
1966	.. .. 861 (454)	44 (6)	517 (411)
1967	.. .. 842 (404)	19 (2)	723 (335)

Portslade figures in brackets.

Triple Diphtheria-Whooping Cough-Tetanus.

The protection against Diphtheria-Whooping Cough-Tetanus continued as usual in the Infant Welfare Centres and showed a slight increase over the previous year.

In April we introduced a composite card for recording the Triple and Poliomyelitis doses, which are given concurrently. This of course slightly lessens the clerical work both in respect of the Health Visitors and the recording and filing of these records.

In July, we, like many other authorities, experienced great difficulty in obtaining supplies of the Diphtheria-Whooping Cough-Tetanus vaccine. This was due to a particular part of the vaccine not passing the required laboratory tests. This state of affairs lasted until November, because although the position corrected itself at source, due to an excessive backlog of orders, it was a considerable time before supplies were flowing normally from the manufacturers and as is so often the case, it was a question of "he who shouts loudest". It will be appreciated that a complete breakdown in supplies would have resulted in a lapse between injections, but the fact that we were holding a fairly good supply of vaccine when the delays started, coupled with many long and often frustrating telephone calls to the manufacturers in London, saw us through a rather difficult period.

The immunising programme in schools has continued at much the same level and again I would like to mention that it is largely due to the co-operation of the Head Teachers and their staff, in the furthering of this scheme.

Immunisation against Diphtheria-Whooping Cough-Tetanus
Children under 16 years.

<u>Primary course of immunisation</u>	<u>re-inforcing injections</u>
1965 739 (358)	1431 (686)
1966 759 (449)	1106 (615)
1967 875 (429)	1260 (699)

Portslade figures in brackets.

Smallpox Vaccination.

Arrangements for routine vaccination have remained the same, the only difference being in the supplies of lymph to the General Practitioners and Hospitals. Previously these were obtained by the General Practitioners and ourselves from the Local Public Health Laboratory, but as from 12th June, 1967 this practice was discontinued and instead the Health Department now has to hold a supply and the General Practitioners and hospitals obtain their requirements from us. This of course has made extra work for the Department.

At the request of the County Medical Officer of Health, the Ambulance crews were re-vaccinated in April, 1967. Most of them having previously been vaccinated in September, 1965.

On the 1st April, 1967 the payment of fees to the General Practitioners for completed records of vaccination and immunisation ceased and these are now paid by the Executive Council. This has not resulted in any less work for the Health Department because these claims are submitted by the General Practitioners to the Executive Council, who in turn forward copy of the claim to us for recording and filing. Incidentally, the General Practitioners now receive greater remuneration for this work in the form of a fee per injection or dose, as opposed to 5/- for a completed record.

The forms in use for these claims are very unsatisfactory from an administrative angle (a) from the point of view of legibility and (b) from the point of view of fitting in with the existing filing system. Prior to this new arrangement, General Practitioners obtained supplies of record cards from us, and thereby uniformity was maintained with their records and those received from the clinics. As it is, under the new system, the flimsy claim forms now being used have to be stapled to a card before they can be filed with the other records. It is understood that due to the many complaints which have been

received, this form is under review by the Ministry of Health.

At the same time as the introduction of this new system, it was recommended by the Ministry of Health that Health Departments should notify the General Practitioners of injections given in the Infant Welfare Clinics and Schools. This of course is a very sound idea, but again increases the work of the department and so taking it all round what advantages one gains administratively by the change in one system, one loses by the introduction of an additional one.

There have been a small number of notifications from the Ministry of suspected cases of Smallpox (mainly in connection with air travel) but fortunately this has not, as was the case last year, involved opening the office out of routine office hours for the purpose of stamping International Certificates.

No cases of complications as the result of vaccination were reported in 1967.

Smallpox Vaccination.

Children under 16 years.

<u>Primary vaccinations</u>			<u>Re-vaccinations</u>
1965	..	..	390 (261)
1966	..	..	518 (291)
1967	..	..	500 (333)

Portslade figures in brackets.

Old People.

The number of visits to the elderly by the Geriatric Health Visitors increased during the year, and the service is much appreciated. The problems arising among the elderly have also increased. During the year six elderly residents were removed under Section 47 of the National Assistance Act, to a place of safety as they were unable to care for themselves, this was an increase of four on the previous year.

A close link has been maintained between the Geriatric Health Visitors and other statutory and voluntary services and every effort has been made with the provision of Meals, on Wheels, Home Helps etc., to help support the elderly in their own homes for as long as possible. There is still a great need for more vacancies for the elderly confused person to be cared for in suitable homes and a large proportion of the Geriatric Health Visitors work is in supervision of these patients in their homes until suitable vacancies can be found for them.

The Luncheon Club continued during 1967 and the West Hove Club moved into new premises in Portland Road from Ventnor Villas, and is now open for three days a week instead of one. The District Nursing Welfare Association started an invaluable service with the provision of an emergency meal service on Sundays for 36 elderly people, also an emergency week-end visiting service. These are greatly appreciated and fill a real need.

	<u>1966</u>	<u>1967</u>
Total number of new patients visited during the year	481	558
Total number of revisits.	3125	4483
Number of old people admitted to:		
Brighton General Hospital	71	54
Other Hospitals	69	60
Private Nursing Homes	71	49
Private Old People's Homes	20	42
County Welfare Homes	39	42
St. Francis Hospital	11	2
Tarner Home	3	4
Moved out of district	92	145

PREVENTION OF ILLNESS, CARE AND AFTER CARE (SECTION 28)

CHIROPODY SERVICE 1967.

During the first three months of the year the Council employed four part-time chiropodists on a sessional basis one of these having been engaged to eventually replace the chiropodist who started this Service for the Council and who retired in March.

Despite an increased number of sessions, it was not possible to treat any but the most acute cases at less than eight week intervals, and a similar period elapsed before an appointment could be given to a patient on the waiting list. Unavoidable wastage of appointments occurred due to last-minute cancellations to patients who, living alone, were not able to notify the chiropodists of sudden illness, and to patients who had moved away without informing the Public Health Department, but everything possible was done to fill such vacancies. These cases are not included in the details below as no actual treatment was given.

The number of patients treated in their own homes increased also during the year, and 399 treatments were given, as opposed to 197 in 1966.

The fees were not altered and patients still pay 2/6d. for each treatment if they are not receiving supplementary benefit from the Ministry of Social Security.

The Hospital Car Service continued to take all patients unable to use public transport to and from the chiropodists' surgeries and, in spite of the fact that the increased number of patients using the Service added to their transport problems, they always co-operated willingly to help our patients.

There is no likelihood in the immediate future of any lessening in the demand for chiropody as the percentage of elderly residents in Hove remains high, and the Service is still in need of expansion.

Details of actual work carried out during the year:-

Number of patients treated -	
Clinic and Domiciliary	720
Number of actual treatments given -	
Clinic and Domiciliary	3,040
Number of Clinic sessions held	433

Chiropody Service 1967 - Portslade.

As from 18th August, 1967, appointments in connection with this service in Portslade have been dealt with through the Hove Public Health Department, and the following figures relate to the period from 18th August, 1967 until 31st December, 1967.

Number of treatments given	
In Clinics	104
In patients' homes	31

Previously the service was administered by the Portslade Senior Citizens Club on behalf of the East Sussex County Council.

Cytology

1967 saw a marked decrease in the number of applications received for this service, but then it was anticipated that this would be the case. That is why it was possible to initiate the service and run it during 1966 with the minimum of additional assistance. Had it been envisaged that it would continue at the 1966 level, quite obviously additional staff for administration would have been required. As it is, the only additional staff engaged have been a part-time Nurse for all clinics and a Doctor for any evening sessions which are required.

In July it was decided to hold all the clinics at the Clarendon Villas Centre and with effect from 1st October of course these were transferred to the new clinic at Conway Court. Prior to this, our other clinics had been used, but with a decrease in numbers this became administratively more difficult, as quite obviously all ladies are not able to attend on the same dates. In consequence this would have meant some of the sessions being very small. Holding all the clinics at one centre means larger sessions are possible and more economical. However, 1968 will probably see sessions being held at other centres again, as a re-examination is advised after 3 years. Brighton commenced their programme in 1965 and consequently many Hove residents attended their clinics, as our service did not commence until the end of that year. These ladies will obviously have their second test in Hove and I understand that there are quite a considerable number of them who will be eligible.

60 clinics were held in Hove during the year, at which quite a lot of ladies, other than actual Hove residents attended. Like Brighton, we extend this service to people living outside the area who are not covered by facilities in their own area. This explains why the number of Hove applicants shown in the table is less than the actual number of smears taken. As explained earlier, to make the running of the service more economical, while the numbers of applicants are low, all ladies are called to one central clinic.

In April, a new Cytology Report form was introduced, which brought forth many adverse comments both from the staff at the Public Health Laboratory and from the clinic doctors. However, now that it has been in use for over 6 months, I think it has become more acceptable. Certainly from the administration angle it has proved more satisfactory as a copy is now provided for the General Practitioner, thus making photostating no longer necessary. Also in April we were instructed to obtain our future supplies of slides, sprays, forms etc., from St. Francis Hospital, Haywards Heath, instead of from the Brighton General Hospital, as before. This also is very satisfactory as St. Francis deliver in this area twice a week.

Cytology.

No. of applications received	454	(plus 359 Portslade and others)
No. of smears taken	723	
No. referred to G.P.	173	
No. of positives	4	

The following table gives some indication of the work done during the year.

	<u>1966</u>	<u>1967</u>
Number of Sessions.	149	149
New Patients.	450	501
Transfers.	101	64
Oral Contraceptive Patients.	304	515
Pre-marital	82	88
Check visit patients.	2,503	2,627

Advice was given to 406 women on birth control, compared with 363 in 1966.

Provision of Incontinent Pads.

These are provided to patients through the Nursing Service and occasionally the Geriatric Health Visitors find it necessary to supply pads to patients on their district.

Tuberculosis After-Care.

The Sussex Rural Community Council, Sussex House, High Street, Lewes, continued to look after the needs of the Tuberculosis patients in the Borough and regular meetings were held at the Hove Chest Clinic, 33 Claredon Vls., Hove.

The Medical Social Workers report is on page 29.

HOME HELP SERVICE (SECTION 29)

Home Help Service

This has been a most encouraging year and the case load has been increased from 220 per week to around 370 with the same number of helps in attendance. This has been brought about by reducing the purely domestic work visits to once a week, thus enabling many more old folk to have the services of a Home Help to do the heavy work. This means that a help now has an increase in cases each week and only with their co-operation has this been able to be maintained.

In April a new clerical system was introduced which made it possible to prepare nearly double the amount of bookings in far less time than the previous system.

Recruitment is still as difficult as ever and bearing in mind some of the arduous tasks that the Home Helps are called upon to perform, I can only hold them in my highest esteem considering the practical help they give to so many of our senior citizens. This help is often freely given outside their normal working hours, in many cases involving week-end visits to see that their 'patients' have enough food and heat.

The 'flu epidemic that we experienced at the end of the year stretched our resources to the limit. Once again Home Helps were visiting and working without any thought of their own well being. At one period with 25% of our staff off sick the rest carried on often coping with many more than their usual case load.

In January the Assistant Part-Time Organiser was appointed as Full-time Organiser. This brought about a revision of the service as provided in previous years. A new Part-time Assistant Organiser was appointed in the Summer and this has proved a great help with routine visiting and also regular contact with the helps on the job.

In November an approach was made by the Portslade County School for Girls for some of their students to accompany Home Helps on duty for the girls to gain first hand knowledge of this section of the Social Services. Eight Home Helps were selected for this scheme and the girls so enjoyed being useful that they still visit their contacts during their own time to write letters, shop or generally help in any way they can.

A Christmas Party was organised for the Home Help staff, this took place at Conway Court Clinic and was enjoyed by all who attended.

1967 has proved to be a year of challenge for this section and the results could only be achieved by the co-operation of

the Medical Practitioners, Geriatric Health Visitors and Medical Social Workers etc.

The following table gives some indication of the work carried out by this particular section of the department.

Aged 65 or over on 1st visit in 1967.	Age under 65 on first visit in 1967					Total
	Chronic sick & Tuberculosis	Mentally disordered	Maternity	Others		
Number of cases	641	35	2	34	70	782
Number of hours.	49,039	3,084	68	1,077	6,810	60,078

Number of Home Helps employed as at 31st December, 1967.

3 Full-time. 44 Part-time.

Mass Radiography.

The East Sussex Mass Radiography Unit carried out General Public and Industrial Surveys during the year and the following figures give some idea of the work done.

<u>General Public Surveys - Hove.</u>			
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Total X-rayed	..	2229(925)	2380(1147) 4609(2072)

Of the above total, 1,397 (1095) people were sent to the Unit for X-ray examination by their family doctor.

<u>Industrial Surveys - Hove.</u>			
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Total X-rayed	..	726(514)	250(236) 976(750)

1966 figures in brackets.

The number of chest x-rays carried out during 1967 in Portslade are as follows:-

Males - 1,660 Females - 764 Total - 2424

Of these 527 were sent by their General Practitioners.

Staff Medical Examinations.

94 Medical examinations were undertaken by the Department in connection with Borough Council appointments, both Hove and Portslade, and also admissions of student teachers to training colleges etc.

76 Health Statements were examined and found to be in order and no medical examination was required.

Daily Minders and Registered Nurseries.

Under the Nurseries and Child Minders Regulations Act, 1948, 10 premises were registered at the end of 1967 and a total of 250 children were being minded.

These premises are under constant supervision by members of the Health Department staff.

Premises situated in Portslade are registered with the East Sussex County Council.

Day Nursery

The Hove Day Nursery has continued to work to capacity during the year, caring for the children of chiefly un-supported mothers. Children have also been admitted at the request or advice of the National Society for Prevention of Cruelty to Children Inspector, Health and Welfare Authorities, Children's Department and Hospital Social Care Workers. Before admission some of these children, even under 2 years of age, have been cared for by several different 'minders' and already show signs of disturbance.

The average attendance during the year was reduced owing to the fact that mumps, measles and chicken-pox spread amongst the older children in the Spring.

During the whole year we had more children on the 'priority' waiting list than we could accommodate.

The staff position improved in that we had less sickness towards the end of the year. Five students, who had trained, or partly trained in the Nursery passed the examination of the N.N.E.B. One failed to gain the certificate.

Considerable maintenance work was carried out in the Summer on the premises, but damage due to dampness continues, especially on the first and second floors and in the basement.

Nurseries maintained by the Authority or by voluntary organisations under S.22 of the National Health Service Act, 1946.

Number at end of year	1
Number of approved places	51
Average daily attendance	43.6
Number of children on register at end of year	51

MENTAL HEALTH (SECTION 28)

The Hove Borough Council continued to exercise its authorised function under the Borough of Hove Health and Welfare Services Delegation Scheme 1960.

During the year covered by the report there was no decrease in the overall demand for the services provided. Whilst the quantitative aspect of the year's work showed a slight decrease this was more than compensated for in the qualitative nature of the cases with which the Mental Welfare Officers became involved.

It is anticipated that a Day Hospital for the Elderly Mentally Infirm will be opened in part of the Bevendean Hospital in the not-too-distant future, and the provision of a Day Centre in the Hove area is essential for this project to function at its maximum efficiency.

It has been found that with full social and clinical investigations and the aid of modern drugs many of the elderly population can be returned to live in the community, especially when they can attend a Day Centre which will provide for them the necessary care. Without these services many elderly people deteriorate with the resultant re-admission to hospital.

It is becoming increasingly difficult to meet the demands of a Consultant orientated team with a Mental Welfare Officer as a member and the more preventative aspect of the local authorities' functions in the provision of pre-care and it will be necessary to increase the number of staff if both aspects of the service are to be fully met.

With regard to the services for the Mentally Subnormal, encouraging results have been produced by the Hove children and adults attending the Junior Training School and Adult Training Centre in Portslade.

In connection with the Junior School credit must be given to the Ambulance staff and the escorts who, despite numerous obstacles including heavy snowstorms, have maintained a regular service by which the children are not deprived of the services of the staff at the school.

On the social activities side it is encouraging to note the steady growth of membership of the Club for the Mentally Handicapped in the Hove area.

Perhaps the most significant feature of the year's work is the problem created by the demands made by hospitals and other sources for the Local Health Authority to provide accommodation for that group of persons considered to be elderly mentally infirm.

Existing accommodation provided by the Local Health Authority cannot keep pace with the demand and considerable use has had to be made of privately owned accommodation in the Hove area. In the majority of cases the incomes of the persons are insufficient to meet the costs of the private homes and the balance has to be met from Local Health Authority sources.

Investigation and endeavouring to place people in the appropriate setting within the community is the most time-consuming part of the Mental Welfare Officer's work. Before a decision can be arrived at by the Medical Officer of Health for the Hove area, all cases for residential accommodation have to be referred to the East Sussex County Council in accordance with the scheme of delegation.

LOCAL WELFARE SERVICES UNDER THE NATIONAL ASSISTANCE
ACT, 1948

Welfare of the Blind

The number of registered blind persons in East Sussex at 31st December, 1967 was 1160 and there were also 479 partially sighted; the corresponding figures at the 31st December, 1966 being 1140 and 455 respectively.

At the 31st December, 1967 there were 298 registered blind persons in Hove as against 286 in the previous year. 112 partially sighted. 118 in 1966.

The Social Welfare Officers of the Blind continue to maintain their high standard of visits to the blind and partially sighted. Efforts are being made to re-organise certain areas with the view to reducing caseloads which at present are high.

Weekly handicraft classes and monthly socials have continued throughout the year and the Christmas parties held were very much enjoyed.

Outings etc., continue to be organised. These were enjoyed and appreciated and for those who live with relatives, family problems have been greatly assisted by the provision of holidays and similar activities.

Welfare of the Cripples

As from 1st April, 1964, the Hove Society for the Disabled have done excellent work in this field and the following report gives some indication of their activities.

The number of disabled residents of the Borough of Hove registered with the Society has reached 211 and of this number something like 75 are severely disabled and mostly confined to wheelchairs.

Many housebound disabled receive domiciliary craft instruction and over 20 others attend the weekly craft class, in the running of which the Society is assisted by the East Sussex Association for the Disabled and the Local Authority. Many of the housebound also receive regular visits from the Society's voluntary home-visitors.

Attendance at the fortnightly Bluebird Social Club averages 65.

The Bluebird (Wheelchair) Ambulance was operated on 157 occasions. It covered a total of 3,736 miles and conveyed 1,249 disabled persons.

Apart from its routine work for the Bluebird Club and Craft Class, the housebound disabled were given outings to the country during the Summer.

47 of the occasions that the ambulance was operated were on behalf of other organisations - regularly for the East Sussex Association for the Blind, and for the Sussex Association for Youth Clubs (for young disabled); the other organisations included the British Polio Fellowship, Brighton Society for the Welfare of Handicapped Persons and the East Sussex Association for the Disabled.

A Geriatric Health Visitor attached to the Hove Health Department is responsible for keeping the register and cases requiring special help with equipment etc., are referred to her by the Society, Doctors, Hospitals etc. This Visitor also takes in Portslade Urban District Council.

The following equipment was loaned out during 1967:-

Walking Aids	43	Pickups	22
Tripods	12	Pulleys	1
Bath Rails	3	Bath Seats	14
Wheelchairs	6	Miscellaneous	39
Toilet Rails	4	(Stocking aids, Long handled Shoe horns, Comb holders, Plate guards etc.)	
Elsans	8		

Welfare of the Deaf and Dumb.

The Sussex Diocesan Association for the Deaf and Dumb continue to attend to the needs of the deaf and dumb in the Borough of Hove, and regular visits have been made to 38 deaf people, and 8 deaf-blind people, registered in the area. During the year two young deaf people have moved away, one pensioner entered the R.N.I.D. Home at Crowborough and one school leaver has been added to the register. Of two old people who died, one resided in a Local Authority Home for seven years, and died aged 102.

Welfare work included interpreting during psychiatric treatment at the Hospital, in court on a parking offence and at the Labour Exchange. Help was given in family budgeting and settling disputes with neighbours. One person was helped in obtaining a television set under the R.N.I.D. loan scheme and another in buying a baby alarm.

The League of Hard of Hearing, Brighton, Hove and District have once again done excellent work in this field and a grant towards their administrative expenses is made by the Council.

Lip-reading classes, clear speech practice, outings etc., are arranged.

